Mass General Brigham
Wentworth-Douglass Hospital

2025 Community Health Needs Assessment

Mass General Brigham
Wentworth-Douglass Hospital

Dear patients and community members,

Wentworth-Douglass Hospital is pleased to share the results of our 2025 Community Health Needs Assessment. Every three years, we conduct this assessment and meet with community representatives to help us better understand the current and future health needs of communities within our service area. This assessment helps us identify how Wentworth-Douglass can focus our efforts to improve the overall health of the individuals and families we serve.

Based on a comprehensive data assessment, and in alignment with input from community members, our 2025 report identified six significant health needs present in our service area. These include *(in alphabetical order)*:

- Access to Care and Services
- Chronic Disease
- Mental Health
- Nutrition, Obesity, and Physical Inactivity
- Social Determinants of Health
- Substance Use Disorders

An Implementation Strategy has been developed to help address these health needs over the next several years. This includes continuation of Wentworth-Douglass's current programs, such as free transportation via the Care Van service (as allowed by federal regulations), free and discounted care to those who cannot afford healthcare, and dental care for adults and children at the Community Dental Center. We are committed to continuing our focus on improving access to high-quality, safe, and expert care, including primary and specialty care, emergency services, and maternity care.

Additionally, we recognize the importance of continuing to address behavioral health needs within our community, so we are committed to continuing to expand mental health and substance use disorder treatment and prevention services. This includes providing access to expert providers and supporting our community in accessing resources, such as The Doorway, which provide assessment, referral to treatment, and supportive services for anyone living with a substance use disorder. We also look forward to expanding our partnerships with agencies and community organizations throughout our region to more effectively collaborate on health promotion and preventative care.

As a non-profit hospital, Wentworth-Douglass will continue to invest in improving the health of those we serve. Thank you for choosing us for your health care needs.

Sincerely,

Darin C. Roark, BSN, MBA, FACHE
President & COO
Wentworth-Douglass Hospital

Letter from the Chief Community Health & Health Equity Officer

Mass General Brigham is a leading integrated healthcare system anchored by two world-renowned academic medical centers (AMCs) — Massachusetts General Hospital and Brigham and Women's Hospital. The system also includes high-quality community hospitals — Brigham and Women's Faulkner Hospital, Cooley Dickinson Hospital, Martha's Vineyard Hospital, MGB Salem Hospital, Nantucket Cottage Hospital, Newton-Wellesley Hospital and Wentworth-Douglass Hospital. All are deeply connected to the mission of Mass General Brigham —advancing patient care, research, medical education and community.

Our community health mission is to achieve meaningful improvements in health outcomes that increase life expectancy, reduce premature mortality, and enhance quality of life in the communities we serve. This report reflects a vital step in that ongoing commitment.

We are committed to understanding and addressing the broader needs of the communities we serve. We recognize that true health and well-being are shaped not only by medical treatment, but also by access, education, and the social and economic conditions that influence daily life. Community engagement and strong partnerships are also central to this work and essential for advancing equity and improving outcomes.

The Community Health Needs Assessment (CHNA) process was guided by principles of health equity, community engagement, and data-driven collaboration. Individuals across the communities we serve—including residents, community leaders, service providers, and public health stakeholders—shared their perspectives through surveys, focus groups, and interviews. Their insights and aspirations shaped this CHNA, which is more than a report: it is a roadmap for action. It calls on us to deepen our commitment to equity, strengthen partnerships, and deliver care that is responsive, accessible, and inclusive. Above all, it reinforces that building healthier communities is a shared responsibility—one we pursue most effectively when we work together.

Elsie M. Taveras, MD, MPH
Chief Community Health and Health Equity Officer
Mass General Brigham

Community Health Needs Assessment

Prepared for
Wentworth-Douglass Hospital

By
Verité Healthcare Consulting, LLC

August 13, 2025

Name of hospital organization operating hospital facility:	Wentworth-Douglass Hospital
EIN of hospital organization operating hospital facility:	46-1635259
Address of hospital organization:	789 Central Avenue, Dover, NH 03820
Contact Person:	Meaghan D. Heusler
Date of CHNA approval:	September 2, 2025
Web Address for CHNA Reports:	www.wdhospital.org/wdh/about-wdh/giving-back

TABLE OF CONTENTS

ABOUT WENTWORTH-DOUGLASS HOSPITAL

Wentworth-Douglass Hospital is a nationally recognized, not-for-profit charitable health care organization located in Dover, New Hampshire. WDH has served the surrounding communities with compassionate care and innovation since 1906.

Wentworth-Douglass includes 400 providers, more than 500 nurses, 3,500 employees, and 200 volunteers dedicated to the health, safety, and well-being of residents and visitors to the Seacoast area of New Hampshire and Southern Maine. Wentworth-Douglass includes a 178-bed Magnet® Recognized hospital, urgent care and walk-in care facilities, primary and specialty care practices, multiple testing centers, as well as The Works Health and Fitness Center and the Wentworth-Douglass Foundation. In 2017, WDH joined the Massachusetts General Hospital family and Mass General Brigham (MGB) system.

Wentworth-Douglass Hospital offers advanced technologies including the latest in minimally invasive surgery. The Mass General Cancer Center at Wentworth-Douglass Hospital offers the most comprehensive cancer care on the New Hampshire seaboard, providing medical oncology, immunotherapy, and radiation oncology treatment. The Hospital is certified as a Level III Adult and Pediatric Trauma Center, and offers a Level IIB Neonatal Intensive Care Unit.

Additional information on the hospital and its services is available at www.wdhospital.org/wdh.

ABOUT VERITÉ HEALTHCARE CONSULTING

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 150 needs assessments for hospitals, health systems, and community partnerships nationally since 2012.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, financial assistance policies, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in hospital community benefits, 501(r) compliance, and Community Health Needs Assessments.

EXECUTIVE SUMMARY

Introduction

This Community Health Needs Assessment (CHNA) was conducted by Wentworth-Douglass Hospital (Wentworth-Douglass, WDH, or "the hospital") to identify significant community health needs and to inform development of an Implementation Strategy to address those needs. The hospital's assessment of community health needs also responds to regulatory requirements.

Federal regulations require that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs. Tax-exempt hospitals also are required to report information about the CHNA process and about community benefits they provide on IRS Form 990, Schedule H. The State of New Hampshire also requires tax-exempt hospital facilities to conduct a needs assessment every five years.

As described in the instructions to Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. Community benefit activities and programs also seek to achieve objectives, including:

- Improving access to health services,
- Enhancing public health,
- Advancing increased general knowledge, and
- Relief of a government burden to improve health.[1]

To be reported, community need for the activity or program must be established. Need can be established by conducting a CHNA.

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- ***Who*** in the community is most vulnerable in terms of health status or access to care?
- ***What*** are the unique health status and/or access needs for these populations?
- ***Where*** do these people live in the community?
- ***Why*** are these problems present?

The question of ***how*** the hospital can best address significant needs is the subject of the separate Implementation Strategy.

This CHNA is conducted using widely accepted methodologies to identify the significant health needs of a specific community.

[1]Instructions for IRS form 990 Schedule H, 2015.

Methodology Summary

Federal regulations that govern the CHNA process allow hospital facilities to define the "community a hospital serves" based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served" (e.g., children, women, or the aged), and/or the hospital facility's principal functions (e.g., focus on a particular specialty area or targeted disease)."[2] The community assessed by Wentworth-Douglass accounts for more than 75 percent of the hospital's FY 2024 inpatient discharges.

Secondary data from multiple sources were gathered and assessed. Statistics for numerous health status, health care access, and related indicators were analyzed, including comparisons to benchmarks where possible. Findings from recent assessments of the community's health needs conducted by other organizations were reviewed as well.

Input from 40 individuals, from 28 internal and external organizations, representing the broad interests of the community and including individuals with special knowledge of or expertise in public health, was considered through key informant interviews.

In addition, the CHNA development process also included data obtained in partnership with the University of New Hampshire Survey Center. The Survey Center conducted a web-based community health assessment survey with 321participants from WDH's service area. Survey results were used to supplement Verité's data analysis.

Certain community health needs were determined to be "significant" if they were identified as problematic in two or more of the following three data sources: (1) recently available secondary data regarding the community's health, (2) recent assessments developed by state and county organizations, and (3) key informants who participated in the interview process.

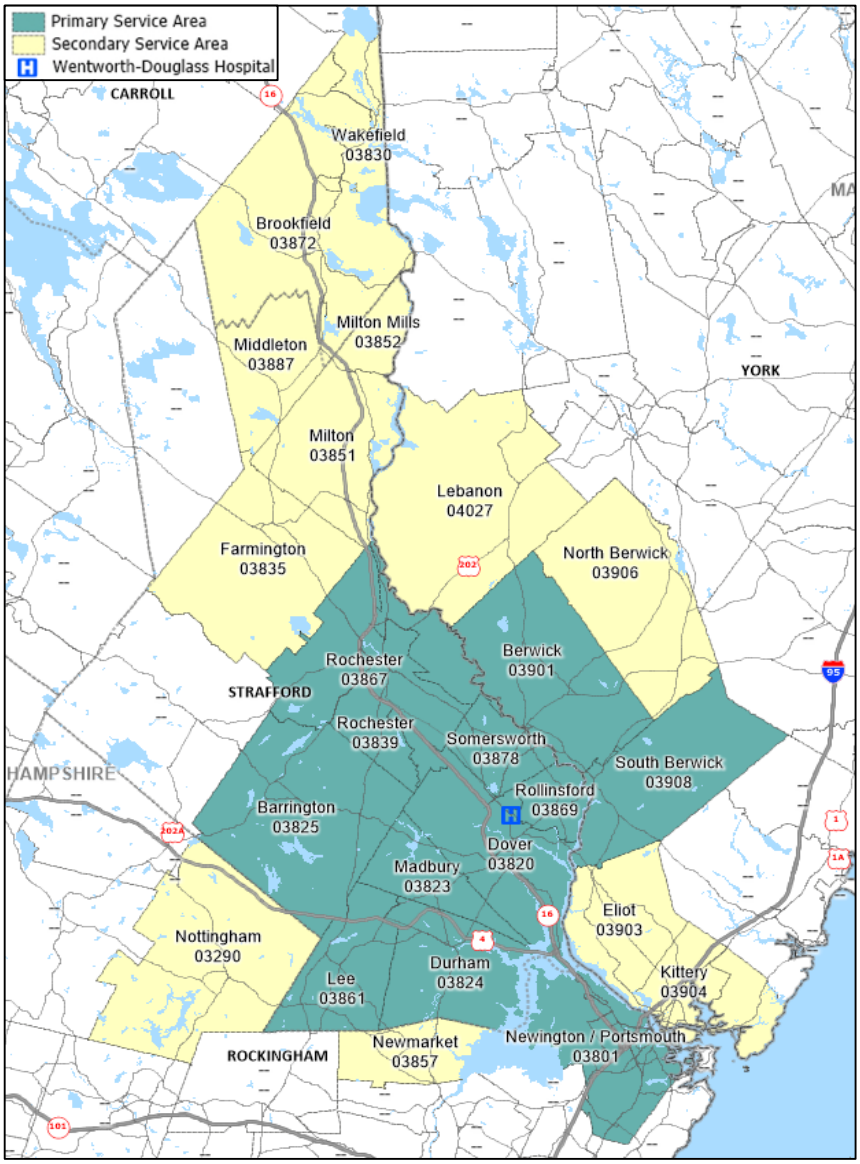
Input on Previous CHNA

No written comments were received regarding the previous CHNA.

[2] 501(r) Final Rule, 2014.

Community Definition

For purposes of this report, WDH's community is defined as 26 ZIP Codes representing 24 towns across Rockingham, Strafford, and Carroll counties in New Hampshire and York County in Maine. The 24 towns are Barrington (NH), Berwick (ME), Brookfield (NH), Dover (NH), Durham (NH), Eliot (ME), Farmington (NH), Kittery (ME), Kittery Point (ME), Lebanon (ME), Lee (NH), Madbury (NH), Middleton (NH), Milton (NH), Milton Mills (NH), Newington / Portsmouth (NH), Newmarket (NH), North Berwick (ME), Nottingham (NH), Rochester (NH), Rollinsford (NH), Somersworth (NH), South Berwick (ME), and Wakefield (NH). The community was defined by considering the geographic origins of the hospital's discharges in FY 2024. The total population of WDH's community in 2025 was 218,257. The map below portrays the community served by WDH.



Sources: Wentworth-Douglass Hospital and Caliper Maptitude.

Significant Community Health Needs

Six significant community health needs were identified through this assessment. These significant health needs are as follows, in alphabetical order:

1. Access to Care and Services;
2. Chronic Disease;
3. Mental Health;
4. Nutrition, Physical Inactivity, and Obesity;
5. Social Determinants of Health; and
6. Substance Use Disorders.

These significant health needs in the community served by WDH were identified based on analyses of secondary data, primary data received through interviews with interested parties, and assessments produced by public health departments. Categories of community health needs are topic areas consistent with the New Hampshire Community Benefits Reporting Guide, December 2020,[3] and Healthy People 2030,[4] ten-year national health objectives of the U.S. Department of Health and Human Services. Details are summarized below, with descriptions of topics based on information from Healthy People 2030, as well as the Centers for Disease Control and Prevention.

Significant needs can impact all residents, irrespective of demographic characteristics. While every community can experience need, the following population groups may be especially vulnerable to the significant needs identified for this CHNA:

1. Children & Youth;
2. Homeless Residents;
3. Pregnant Women & Infants;
4. Older Adults & Caregivers; and
5. People with Disabilities.

[3] https://www.doj.nh.gov/charitable-trusts/documents/community-benefits-guide.pdf
[4] https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives

1. Access to Care and Services. Access to health care is the timely use of health-related services. For the purposes of this CHNA, *Access to Care and Services* includes entry to the health care system through insurance, geographic accessibility, and culturally competent providers for the continuum of medical, specialty, and supportive services.

- The ratios of population to both primary care physicians and dentists are higher for Strafford counties and New Hampshire, as compared to the United States overall. See ***Exhibit 17E***.
- The New Hampshire State Health Improvement Plan includes goals to "increase the affordability of healthcare services" and "increase accessibility to a continuum of behavioral health services, from screening to wraparound recovery supports." The New Hampshire State Health Improvement Plan includes a strategy to "expand access to quality prenatal, labor and delivery, and postpartum care." The Maine State Health Improvement Plan includes goals for Maine to be a place "where all people have equitable access to care that promotes health and well-being." See ***Findings of Other Assessments***.
- Access to primary, specialty, and supportive services was identified by interview participants as challenging for all community residents, especially for Medicaid enrollees, individuals without insurance, and residents negatively impacted by social determinants of health, notably transportation needs. See ***Primary Data Assessment***.

2. Chronic Disease. Chronic diseases are "conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both."[5] For the purposes of this CHNA, *Chronic Disease* focuses on physical conditions such as heart disease, cancer, and diabetes.

- Rockingham County - Strafford County residents report higher percentages of asthma, COPD, other cancer, and skin cancer than overall U.S. residents; and Portland - South Portland, (ME) residents report higher percentages of arthritis, asthma, COPD, other cancer, and skin cancer than overall U.S. residents. See ***Exhibit 24B***.
- The Strafford County Public Health Network Community Health Improvement Plan, 2023-2026, identified "chronic disease prevention" as an element of its "Healthy living" priority area. The York County Maine Shared Community Health Needs Assessment, 2025 identified "Cardiovascular disease" as a component of its "Health Conditions & Outcomes" top concern. See ***Findings of Other Assessments***.
- Increased prevalence and severity of chronic disease due to delayed care associated with access issues was identified by interview participants as currently problematic and projected to worsen. See ***Primary Data Assessment***.

[5] https://www.cdc.gov/chronic-disease/about/index.html

3. Mental Health. Mental health contributes to good physical health because mental illnesses affect people's ability to participate in health-promoting behaviors. Physical health also contributes to mental health because chronic diseases impact mental health. For the purposes of this CHNA, *Mental Health* includes disorders, such as depression and anxiety, and severe and persistent mental illness.

- The ratios of population to mental health providers are higher for Rockingham and Strafford counties as compared to the U.S. overall. See ***Exhibit 17E***.
- The Strafford County Public Health Network Community Health Improvement Plan, 2023-2026, identified "Mental health: prevention treatment, recovery and harm reduction" as a priority area. The York County Maine Shared Community Health Needs Assessment, 2025 identified "Mental Health" as a top concern. See ***Findings of Other Assessments***.
- In a June 2025 survey of community members conducted for Wentworth-Douglass Hospital by The University of New Hampshire Survey Center (UNH 2025 Survey), 45 percent of respondents indicated that they need mental health care and, for those who need care, over 70 percent reported that it was "Very hard" or "Somewhat hard" to receive mental health care. See ***Primary Data Assessment - Community Health Assessment Survey by the University of New Hampshire***.

4. Nutrition, Physical Inactivity, and Obesity. Chronic diseases, including Type 2 diabetes, heart disease, stroke, and cancers, have been linked with obesity. Individuals can maintain healthy weights with diets of nutritious foods that meet caloric needs, and with physical activity.[6] For the purposes of this CHNA, *Nutrition, Physical Inactivity, and Obesity* is treated as a distinct need although the topics could be included in other needs.

- Rockingham County - Strafford County residents and Portland - South Portland, (ME) residents report higher percentages of overweight status than overall U.S. residents. See ***Exhibit 24F***.
- The York County Maine Shared Community Health Needs Assessment, 2025, identified "physical activity" and "nutrition" as elements of its top concern of "Community Conditions Protective & Risk Factors." See ***Findings of Other Assessments***.
- The contribution of obesity to the prevalence of chronic conditions, such as diabetes and heart disease, was identified by interview participants, along with the recognition that some residents do not have the resources and skills necessary to have healthy food. See ***Primary Data Assessment***.

[6] Health People 2030. See https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity.

5. Social Determinants of Health. Social determinants of health are "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Social determinants of health can be grouped into five domains, (a) economic stability, (b) education access and quality, (c) health care access and quality, (d) neighborhood and built environment, and (e) social and community context.[7] For the purposes of this CHNA, *Social Determinants of Health* includes access to safe and affordable housing, food security, transportation, and poverty.

- Both low-income census tracts and census tracts that also have low access to healthy and affordable food are present within the community. See ***Exhibit 11*** and ***Exhibit 28***.
- The Maine State Health Improvement Plan identifies "Housing that equitably meets the diverse needs of all" as a goal for Healthy and Stable Housing. See ***Findings of Other Assessments***.
- Lack of access to safe and affordable housing was identified as an issue by nearly every interview participant, as well as increased insecurity to other basic needs, especially food and transportation. See ***Primary Data Assessment***.

6. Substance Use Disorders. Substance use disorders, including drug and alcohol addiction, "are linked to many health problems and can lead to overdose and death."[8] For the purposes of this CHNA, *Substance Use Disorders* includes misuse of prescription medications, illegal drugs, and alcohol, as well as use of tobacco and nicotine.

- For Rockingham, Strafford, and York counties, as well as New Hampshire overall, the average percentage of residents reporting excessive drinking and the percentage of alcohol-impaired driving deaths are higher than the overall U.S. percentages. See ***Exhibit 17C***.
- The Strafford County Public Health Network Community Health Improvement Plan, 2023-2026, identified "Substance misuse: prevention treatment, recovery and harm reduction" as a priority area. The York County Maine Shared Community Health Needs Assessment, 2025 identified "Substance use related injury & death" as a component of its "Health Conditions & Outcomes" top concern. See ***Findings of Other Assessments***.
- Substance abuse, including tobacco and vaping, was identified by numerous interview participants as problematic within the community, exacerbated by an insufficient supply of providers, especially for those who experience co-occurring mental health needs. See ***Primary Data Assessment***.

[7] Healthy People 2030. See https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health.
[8] Healthy People 2030. See https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/addiction.

CHNA DATA AND ANALYSIS

METHODOLOGY

This section provides information on how the CHNA was conducted.

Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Considering a vast array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively.

Statistics for numerous community health indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Wentworth-Douglass. Comparisons to benchmarks were made wherever possible. This CHNA also incorporated findings from other recently conducted, relevant state and county health assessments. In addition, the CHNA development process also included data obtained in partnership with the University of New Hampshire Survey Center. The Survey Center conducted a web and text-based community health assessment survey with 321 participants from WDH's service area. This data was used to supplement Verité's data analysis.

Input from 40 individuals from 26 internal and external organizations representing the broad interests of the community, was taken into account through key informant interviews. Interviewees included: individuals with special knowledge of or expertise in public health; local public health departments; agencies with current data or information about the health and social needs of the community; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

Collaborating Organizations

The Wentworth-Douglass Hospital, who guided development of this CHNA, included representatives from MGB Medical Group (North Region)/Wentworth Health Partners.

Prioritization Process

Certain community health needs were determined to be "significant" if they were identified as problematic in two or more of the following three data sources: (1) recently available secondary data regarding the community's health, (2) recent assessments developed by state and county organizations, and (3) key informants who participated in the interview process.

Information Gaps

This CHNA relies on multiple data sources and community input gathered in Spring 2025. A number of data limitations should be recognized when interpreting results. For example, some data, such as County Health Rankings, exist only at a county-wide level of detail. Those data sources do not allow assessment of health needs at a more granular level of detail, such as by ZIP Code or census tract.

Secondary data upon which this assessment relies measure community health in prior years. For example, the most recent selected causes of death rates available for the region were data collected for 2023. The impacts of the most recent public policy developments, changes in the economy, and other community developments are not yet reflected in those data sets.

The findings of this CHNA may differ from those of others conducted in the community. Differences in data sources, communities assessed (such as hospital service areas versus counties or cities), and prioritization processes can contribute to differences in findings.

Definition of Community Assessed

Definition of Community Assessed

This section identifies the community that was assessed by Wentworth-Douglass Hospital. The community was defined by considering the geographic origins of the hospital's FY 2024 inpatient discharges. Wentworth-Douglass Hospital's community is comprised of 26 ZIP Codes representing 24 towns across Rockingham, Strafford, and Carroll counties in New Hampshire and York County in Maine, as listed in ***Exhibit 1***.

Exhibit 1: Wentworth-Douglass Inpatient Discharges by City/Town, FY 2024

City / Town	Zip Code(s)	County (State)	Inpatient Cases FY 2024	Percent of Inpatient Cases
Primary Service Area Subtotal			**6,489**	**60.4%**
Barrington	03825	Strafford (NH)	389	3.6%
Berwick	03901	York (ME)	409	3.8%
Dover	03820	Strafford (NH)	1,943	18.1%
Durham	03824	Strafford (NH)	286	2.7%
Lee	03861	Strafford (NH)	143	1.3%
Madbury	03823	Strafford (NH)	80	0.7%
Newington / Portsmouth	03801	Rockingham (NH)	275	2.6%
Rochester	03839,03867,03868	Strafford (NH)	1,774	16.5%
Rollinsford	03869	Strafford (NH)	161	1.5%
Somersworth	03878	Strafford (NH)	738	6.9%
South Berwick	03908	York (ME)	291	2.7%
Secondary Service Area Subtotal			**1,903**	**17.7%**
Brookfield	03872	Strafford (NH)	155	1.4%
Eliot	03903	York (ME)	131	1.2%
Farmington	03835	Strafford (NH)	364	3.4%
Kittery	03904	York (ME)	110	1.0%
Kittery Point	03905	York (ME)	18	0.2%
Lebanon	04027	York (ME)	236	2.2%
Middleton	03887	Strafford (NH)	92	0.9%
Milton	03851	Strafford (NH)	190	1.8%
Milton Mills	03852	Strafford (NH)	55	0.5%
Newmarket	03857	Rockingham (NH)	155	1.4%
North Berwick	03906	York (ME)	198	1.8%
Nottingham	03290	Rockingham (NH)	129	1.2%
Wakefield	03830	Carroll County (NH)	70	0.7%
Community Total			**8,392**	**78.1%**
Other Areas			2,359	21.9%
Total Discharges			**10,751**	**100.0%**

Source: Wentworth-Douglass Hospital, 2025.

Exhibit 1 summarizes WDH discharges by city/town for FY 2024. More than 75 percent of WDH's 10,751 inpatient discharges in FY 2024 were residents of the 26 ZIP Codes which define the community.

Exhibit 2: Community Population, 2025

City/Town	ZIP Code	County (State)	Estimated Population 2025	Percent of Total Population 2025
Primary Service Area Subtotal			**154,276**	**70.7%**
Barrington	03825	Strafford (NH)	9,654	4.4%
Berwick	03901	York (ME)	8,244	3.8%
Dover	03820	Strafford (NH)	34,500	15.8%
Durham	03824	Strafford (NH)	15,543	7.1%
Lee	03861	Strafford (NH)	4,379	2.0%
Madbury	03823	Strafford (NH)	1,923	0.9%
Newington / Portsmouth	03801	Rockingham (NH)	23,573	10.8%
Rochester	03839, 03867, 03868	Strafford (NH)	34,083	15.6%
Rollinsford	03869	Strafford (NH)	2,463	1.1%
Somersworth	03878	Strafford (NH)	12,216	5.6%
South Berwick	03908	York (ME)	7,698	3.5%
Secondary Service Area Subtotal			**63,981**	**29.3%**
Brookfield	03872	Carroll (NH)	4,119	1.9%
Eliot	03903	York (ME)	6,940	3.2%
Farmington	03835	Strafford (NH)	6,810	3.1%
Kittery	03904	York (ME)	8,286	3.8%
Kittery Point	03905	York (ME)	2,007	0.9%
Lebanon	04027	York (ME)	6,705	3.1%
Middleton	03887	Strafford (NH)	2,177	1.0%
Milton	03851	Strafford (NH)	4,076	1.9%
Milton Mills	03852	Strafford (NH)	581	0.3%
Newmarket	03857	Rockingham (NH)	9,885	4.5%
North Berwick	03906	York (ME)	5,252	2.4%
Nottingham	03290	Rockingham (NH)	5,386	2.5%
Wakefield	03830	Carroll (NH)	1,757	0.8%
Community Total			**218,257**	**100.0%**

Source: Nielsen Solution Center and Wentworth-Douglass Hospital, 2025

Description

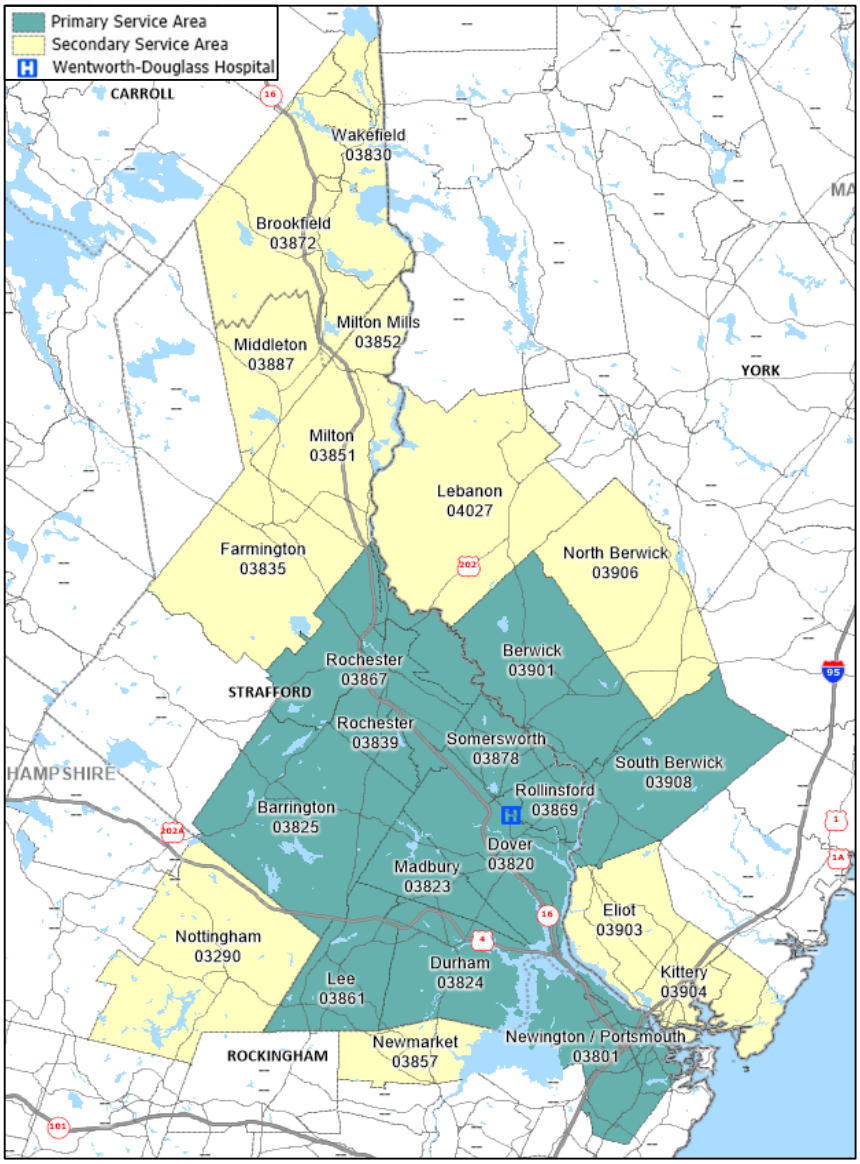
Exhibit 2 summarizes the 2025 estimated population by city/town.

Observations

Understanding the size of the population helps to enhance the understanding of the magnitude of health needs in the community. Data in ***Exhibit 2*** indicate the following:

- The total 2025 population of the community is nearly 220,000 persons;
- Residents of the primary service area represent 70.7 percent of the community population; and
- Residents of the secondary service area represent 29.3 percent of the community population.

Exhibit 3: Wentworth-Douglass Hospital Community



Sources: Wentworth-Douglass Hospital, 2025, and Caliper Maptitude.

Description

Exhibit 3 presents ZIP Codes and cities/towns that are included in the WDH community definition for this CHNA.

Observations

Mapping the geography of a community can inform understanding of the scale of community health needs. Data in ***Exhibit 3*** indicate the following:

- The 26 ZIP Codes, representing 24 towns across Rockingham, Strafford, York, and Carroll counties, are contiguous; and
- WDH is approximately in the geographic center of the primary service area of the community.

SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in the Wentworth-Douglass community.

Exhibit 4: Percent Change in Community Population by ZIP Code, 2025-2030

City/Town	ZIP Code(s)	County (State)	Estimated Population 2025	Estimated Population 2030	Percent Change 2025-2030
Primary Service Area Subtotal			**154,276**	**159,817**	**3.6%**
Barrington	03825	Strafford (NH)	9,654	9,941	3.0%
Berwick	03901	York (ME)	8,244	8,503	3.1%
Dover	03820	Strafford (NH)	34,500	36,155	4.8%
Durham	03824	Strafford (NH)	15,543	16,011	3.0%
Lee	03861	Strafford (NH)	4,379	4,504	2.9%
Madbury	03823	Strafford (NH)	1,923	1,975	2.7%
Newington / Portsmouth	03801	Rockingham (NH)	23,573	24,422	3.6%
Rochester	03839, 03867, 03868	Strafford (NH)	34,083	35,390	3.8%
Rollinsford	03869	Strafford (NH)	2,463	2,510	1.9%
Somersworth	03878	Strafford (NH)	12,216	12,520	2.5%
South Berwick	03908	York (ME)	7,698	7,886	2.4%
Secondary Service Area Subtotal			**63,981**	**66,252**	**3.5%**
Brookfield	03872	Carroll (NH)	4,119	4,371	6.1%
Eliot	03903	York (ME)	6,940	7,136	2.8%
Farmington	03835	Strafford (NH)	6,810	6,911	1.5%
Kittery	03904	York (ME)	8,286	8,476	2.3%
Kittery Point	03905	York (ME)	2,007	2,044	1.8%
Lebanon	04027	York (ME)	6,705	6,969	3.9%
Middleton	03887	Strafford (NH)	2,177	2,289	5.1%
Milton	03851	Strafford (NH)	4,076	4,136	1.5%
Milton Mills	03852	Strafford (NH)	581	600	3.3%
Newmarket	03857	Rockingham (NH)	9,885	10,385	5.1%
North Berwick	03906	York (ME)	5,252	5,431	3.4%
Nottingham	03290	Rockingham (NH)	5,386	5,584	3.7%
Wakefield	03830	Carroll (NH)	1,757	1,920	9.3%
Community Total			**218,257**	**226,069**	**3.6%**

Sources: Nielsen Solution Center and Wentworth-Douglass Hospital, 2025.

Description

Exhibit 4 summarizes the estimated 2025 and projected 2030 populations by town.

Observations

Population indicators are relevant because population estimates are necessary to quantify the current and projected community. Data in ***Exhibit 4*** indicate the following:

- Between 2025 and 2030, the community population is projected to increase by 3.6 percent; and
- The population is projected to increase most rapidly in Brookfield (6.1 percent) and Wakefield (9.3 percent).

Exhibit 5: Percent Change in Population by Age/Sex Cohort, 2025-2030

Age/Sex Cohort	Estimated Population 2025	Estimated Population 2030	Percent Change, 2025-2030
Primary Service Area	**154,276**	**159,817**	**3.6%**
0-17	26,490	26,192	-1.1%
Female 18-44	32,722	32,876	0.5%
Male 18-44	28,769	29,065	1.0%
45-64	37,162	36,964	-0.5%
65+	29,133	34,720	19.2%
Secondary Service Area	**63,981**	**66,252**	**3.5%**
0-17	11,170	11,062	-1.0%
Female 18-44	11,009	11,007	0.0%
Male 18-44	10,102	10,039	-0.6%
45-64	17,358	16,995	-2.1%
65+	14,342	17,149	19.6%
Community Total	**218,257**	**226,069**	**3.6%**
0-17	37,660	37,254	-1.1%
Female 18-44	43,731	43,883	0.3%
Male 18-44	38,871	39,104	0.6%
45-64	54,520	53,959	-1.0%
65+	43,475	51,869	19.3%
Maine	**1,410,921**	**1,453,333**	**3.0%**
0-17	243,267	240,492	-1.1%
Female 18-44	224,595	224,475	-0.1%
Male 18-44	231,239	233,055	0.8%
45-64	370,371	357,129	-3.6%
65+	341,449	398,182	16.6%
New Hampshire	**1,413,746**	**1,457,273**	**3.1%**
0-17	247,232	243,456	-1.5%
Female 18-44	231,001	231,933	0.4%
Male 18-44	245,698	247,298	0.7%
45-64	379,542	365,909	-3.6%
65+	310,273	368,677	18.8%
United States	**337,643,652**	**345,735,705**	**2.4%**
0-17	71,037,745	69,677,327	-1.9%
Female 18-44	59,699,878	59,641,027	-0.1%
Male 18-44	61,909,144	62,280,711	0.6%
45-64	82,320,828	82,529,910	0.3%
65+	62,676,057	71,606,730	14.2%

Source: Nielsen Solution Center and Wentworth-Douglass Hospital, 2025.

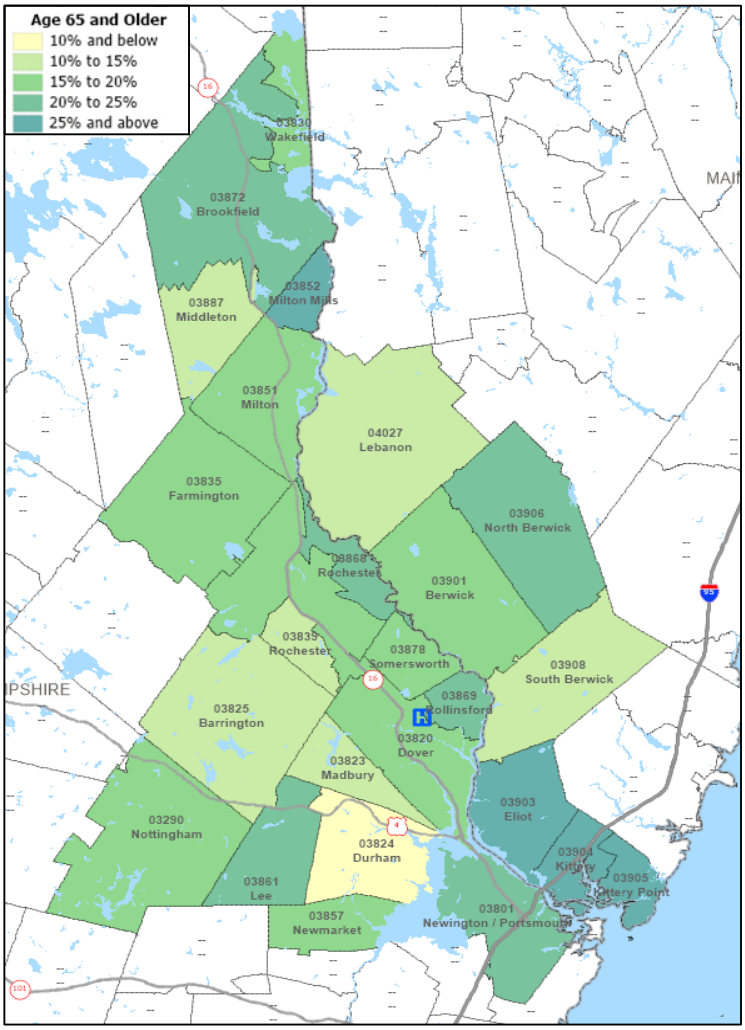
Description

Exhibit 5 summarizes the estimated 2025 and projected 2030 populations by primary and secondary service area, the states of Maine and New Hampshire, and the United States.

Observations

Population characteristics and changes directly influence community health needs. Different segments of the population can have different characteristics. Data in ***Exhibit 5*** indicate that the number of persons aged 65 years and older in the community is projected to increase by approximately 19 percent between 2025 and 2030.

Exhibit 6A: Percent of Population Aged 65+ by ZIP Code, 2023



Source: Caliper Maptitude and Census ACS (2019-2023).
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Description

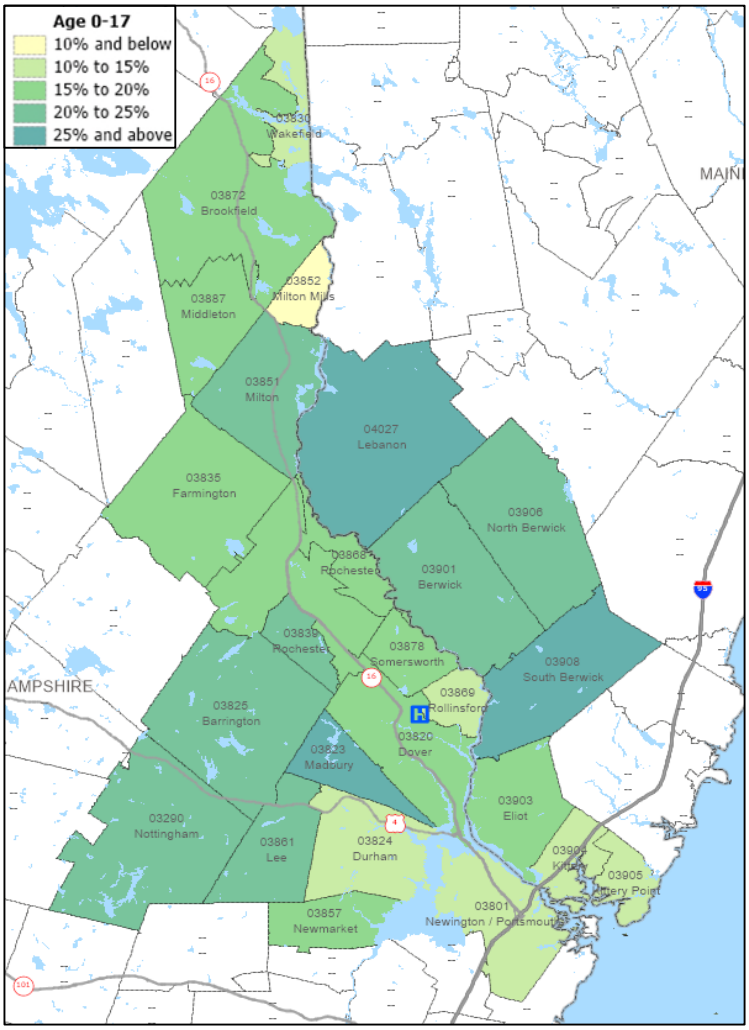
Exhibit 6A presents estimated 2023 residents aged 65 and older by ZIP Code.

Observations

Population characteristics directly influence community health needs as different segments of the population can have different characteristics. Estimating residents aged 65 and older is relevant because members of this population can have unique health needs which should be considered separately from other age groups. Additionally, older individuals typically need and use more services than younger persons. Data in ***Exhibit 6A*** indicate the following:

- Lee ZIP Code 03861, Newington / Portsmouth ZIP Code 03801, Rochester ZIP Code 03868, Rollinsford ZIP Code 03869, Brookfield ZIP Code 03872, Eliot ZIP Code 03903, Kittery ZIP Code 03904, Kittery Point ZIP Code 03905, Milton Mills ZIP Code 03852, and North Berwick ZIP Code 03906 have proportions of population aged 65 and older of 20 percent or more.

Exhibit 6B: Percent of Population Aged 0-17 by ZIP Code, 2023



Source: Caliper Maptitude and Census ACS (2019-2023).
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Description

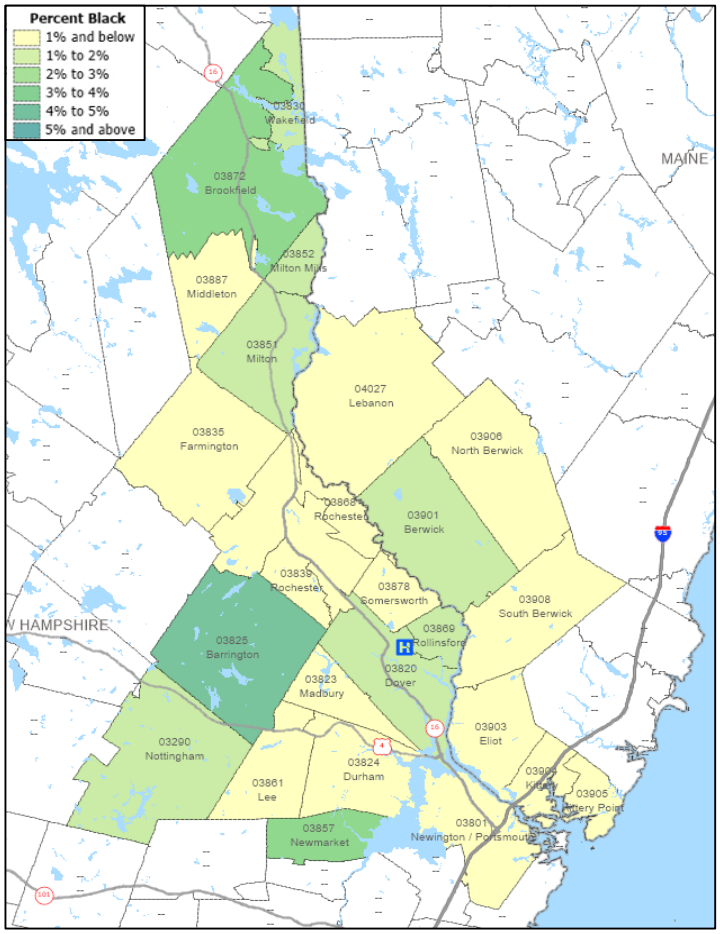
Exhibit 6B presents estimated 2023 residents aged 0-17 by ZIP Code.

Observations

Population characteristics directly influence community health needs as different segments of the population can have different characteristics. Estimating pediatric residents (infants, children, and youth) is relevant because members of this population cohort can have unique health needs which should be considered separately from other age groups. Data in ***Exhibit 6B*** indicate the following:

- Barrington ZIP Code 03825, Berwick ZIP Code 03901, Lee ZIP Code 03861, Madbury ZIP Code 03823, Rochester ZIP Code 03839, South Berwick ZIP Code 03908, Lebanon ZIP Code 04027, Milton ZIP Code 03851, North Berwick ZIP Code 03906, and Nottingham ZIP Code 03290 have proportions of population aged 0-17 of 20 percent or more.

Exhibit 7A: Percent of Population by Black or African-American Race, 2023



Source: Caliper Maptitude and Census ACS (2019-2023).
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Description

Exhibit 7A presents estimated 2023 Black or African American residents by ZIP Code.

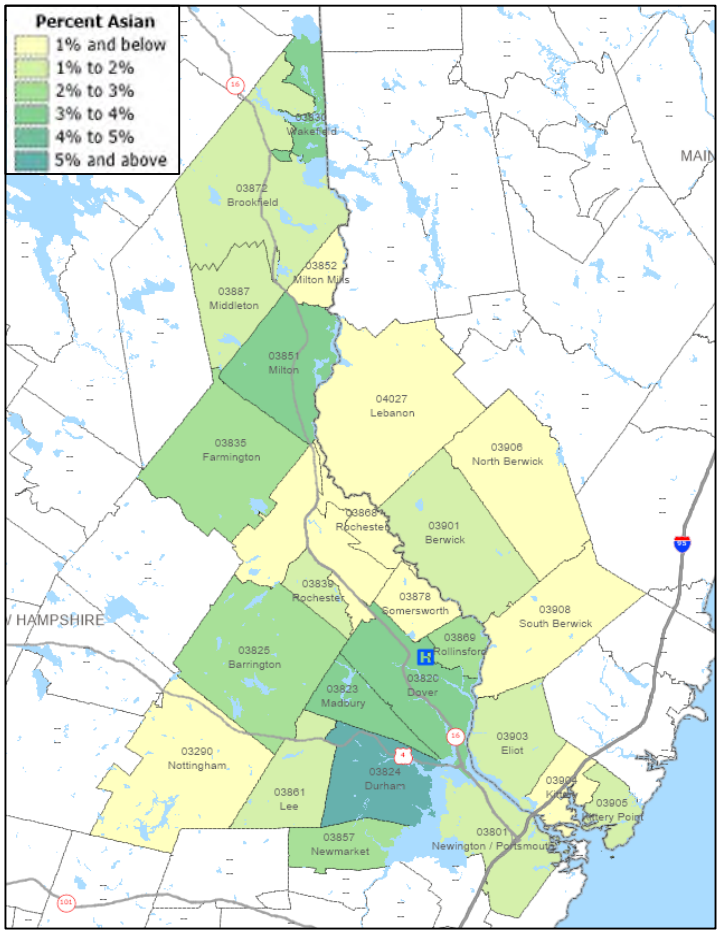
Observations

Population characteristics, such as socioeconomic status (SES), directly influence community health needs. Different segments of the population can have different characteristics. Estimating residents by race and ethnicity is relevant as "racial and ethnic minority populations and low SES groups, on average, are facing high rates of most chronic diseases, medical comorbidities, and other health problems."[9] Data in ***Exhibit 7A*** indicate the following:

- The highest percentages of Black residents resided in Madbury ZIP Code 03823 (3.2 percent), Somersworth ZIP Code 03878 (2.6 percent), and Kittery ZIP Code 03904 (2.4 percent).

[9] "What are Health Disparities?," National Institute on Minority Health and Health Disparities, March 13, 2025. See https://www.nimhd.nih.gov/about/what-are-health-disparities.

Exhibit 7B: Percent of Population by Asian Race, 2023



Source: Caliper Maptitude and Census ACS (2019-2023).
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Description

Exhibit 7B presents estimated 2023 Asian residents by ZIP Code.

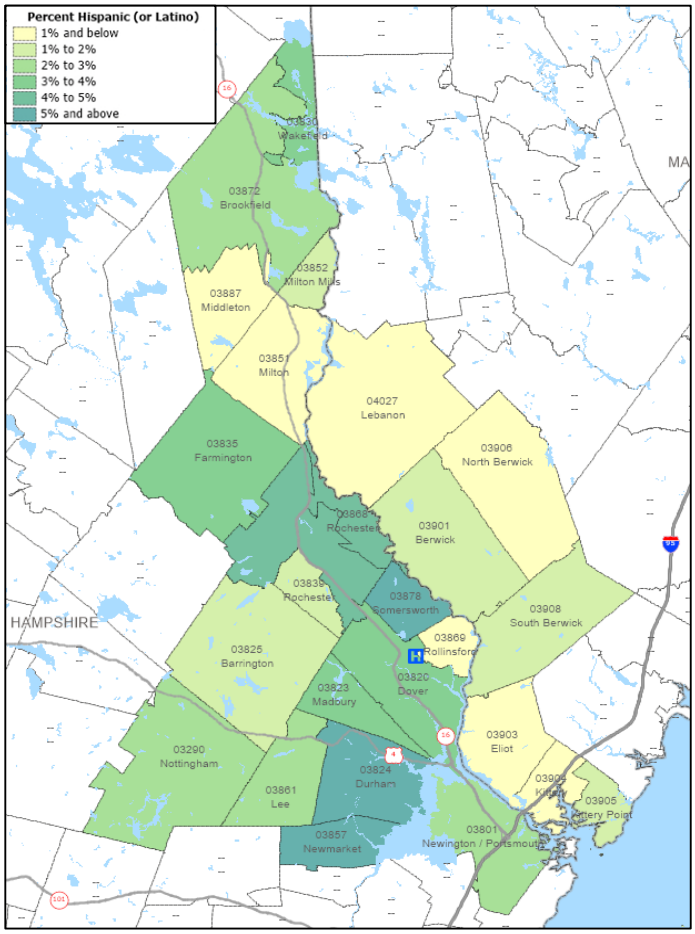
Observations

Population characteristics, such as socioeconomic status (SES), directly influence community health needs. Different segments of the population can have different characteristics. Estimating residents by race and ethnicity is relevant as "racial and ethnic minority populations and low SES groups, on average, are facing high rates of most chronic diseases, medical comorbidities, and other health problems."[10] Data in ***Exhibit 7B*** indicate the following:

- The highest percentages of Asian residents were located in Dover ZIP Code 03820 (3.3 percent), Durham ZIP Code 03824 (3.9 percent), Lee ZIP Code 03861 (7.4 percent), Newington / Portsmouth ZIP Code 03801 (3.8 percent), and Rochester ZIP Codes 03868 (3.6 percent).

[10] "What are Health Disparities?," National Institute on Minority Health and Health Disparities, March 13, 2025. See https://www.nimhd.nih.gov/about/what-are-health-disparities.

Exhibit 8: Percent of Population by Hispanic or Latino Ethnicity, 2023



Source: Caliper Maptitude and Census ACS (2019-2023).
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Description

Exhibit 8 presents estimated 2023 Hispanic or Latino residents by ZIP Code.

Observations

Population characteristics, such as socioeconomic status (SES), directly influence community health needs. Different segments of the population can have different characteristics. Estimating residents by race and ethnicity is relevant as "racial and ethnic minority populations and low SES groups, on average, are facing high rates of most chronic diseases, medical comorbidities, and other health problems."[11] Data in ***Exhibit 8*** indicate the following:

- The highest percentages of Hispanic or Latino residents resided in Lee ZIP Code 03861 (10.8 percent), Somersworth ZIP Code 03878 (5.7 percent), Brookfield ZIP Code 03872 (4.2 percent), Eliot ZIP Code 03903 (4.7 percent), and Kittery Point ZIP Code 03905 (5.4 percent).

[11] "What are Health Disparities?," National Institute on Minority Health and Health Disparities, March 13, 2025. See https://www.nimhd.nih.gov/about/what-are-health-disparities.

Exhibit 9: Other Socioeconomic Indicators, 2023

Measure	Rockingham County (NH)	Strafford County (NH)	New Hampshire	York County (ME)	Maine	United States
Population 25+ without High School Diploma	3.9%	5.3%	5.9%	4.9%	5.5%	10.6%
Population with a Disability	11.3%	13.5%	13.0%	14.5%	15.6%	13.0%
Population Linguistically Isolated	1.3%	1.4%	2.4%	1.5%	1.5%	8.4%

Source: U.S. Census, ACS 5-Year Estimates, 2019-2023.

Description

Exhibit 9 portrays the percent of the population (aged 25 years and above) without a high school diploma, the percent of the population with a disability, and the percent of the population that is linguistically isolated.

Observations

Low levels of education are often linked to poverty and poor health. Disabled individuals comprise a vulnerable population that can require targeted services and outreach by providers. An inability to speak English proficiently creates barriers to healthcare access, provider communications, and health literacy/education. Data in ***Exhibit 9*** indicate the following:

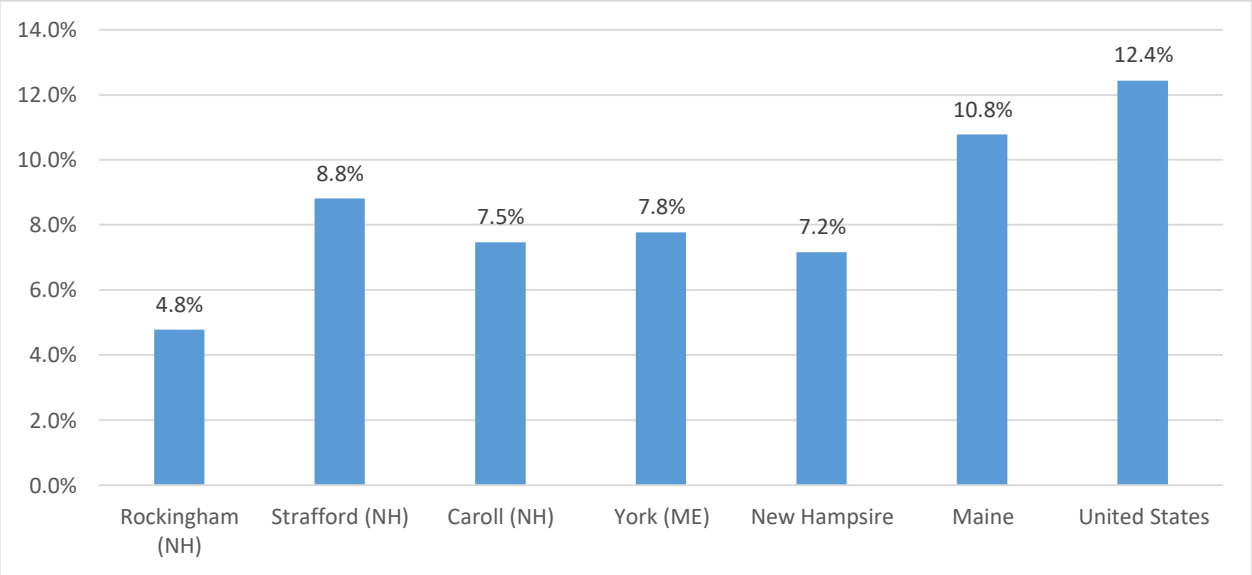
- In Strafford County, the percentage of the population with a disability is higher than the New Hampshire percentage.

Economic Indicators

The following categories of economic indicators with implications for health were assessed: (1) people in poverty; (2) unemployment rate; (3) insurance status; and (4) crime.

People in Poverty

Exhibit 10: Percent of People in Poverty, 2023



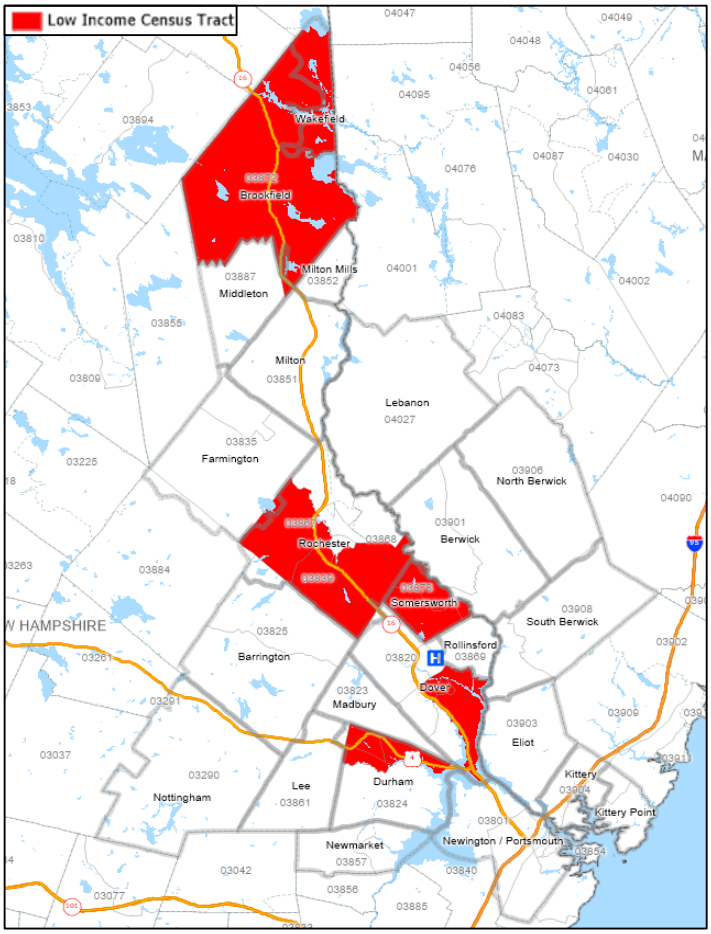
Source: U.S. Census, ACS 5-Year Estimates, 2019-2023.

Description
Exhibit 10 presents the percent of people in poverty in Rockingham County (NH), Strafford County (NH), Carroll County (NH), New Hampshire, York County (ME), Maine, and the United States.

Observations
As many health needs are associated with poverty, poverty rates and other measures of economic well-being can inform assessment of community health needs. Data in ***Exhibit 10*** indicate the following:

- In Strafford County, residents are more likely to experience poverty than residents of New Hampshire overall.

Exhibit 11: Low-Income Census Tracts



Source: Caliper Maptitude and Economic Research Services, U.S. Department of Agriculture, 2025.

Description

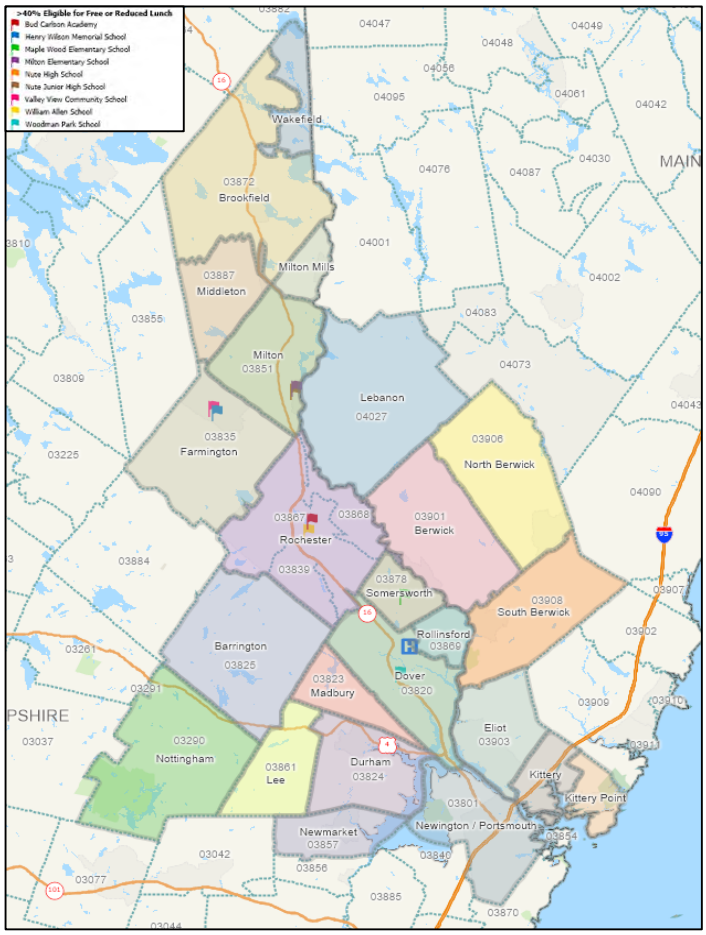
Exhibit 11 presents the location of low-income census tracts in a map of the WDH community.

Observation

The U.S. Department of Agriculture (USDA) defines "low-income census tracts" as tracts with a poverty rate of 20 percent or more, tracts with a median family income 80 percent or less of the median family income for the state or, if applicable, the metropolitan area. Low-income census tracts are geographic areas where residents may require assistance. Data in ***Exhibit 11*** indicate the following:

- Low-income census tracts are present throughout the community.

Exhibit 12: Public Schools with over 40 Percent of Students Eligible for Free or Reduced-Price Lunches, School Year 2024-25



Source: Maine and New Hampshire Departments of Education, 2025.
*New Hampshire data are as of October 1, 2024. Maine data are as of October 2024.

Description

Exhibit 12 presents the location in the WDH community of schools with 40 percent or more of their student body on free or reduced-price meals provided to low-income students.

Observations

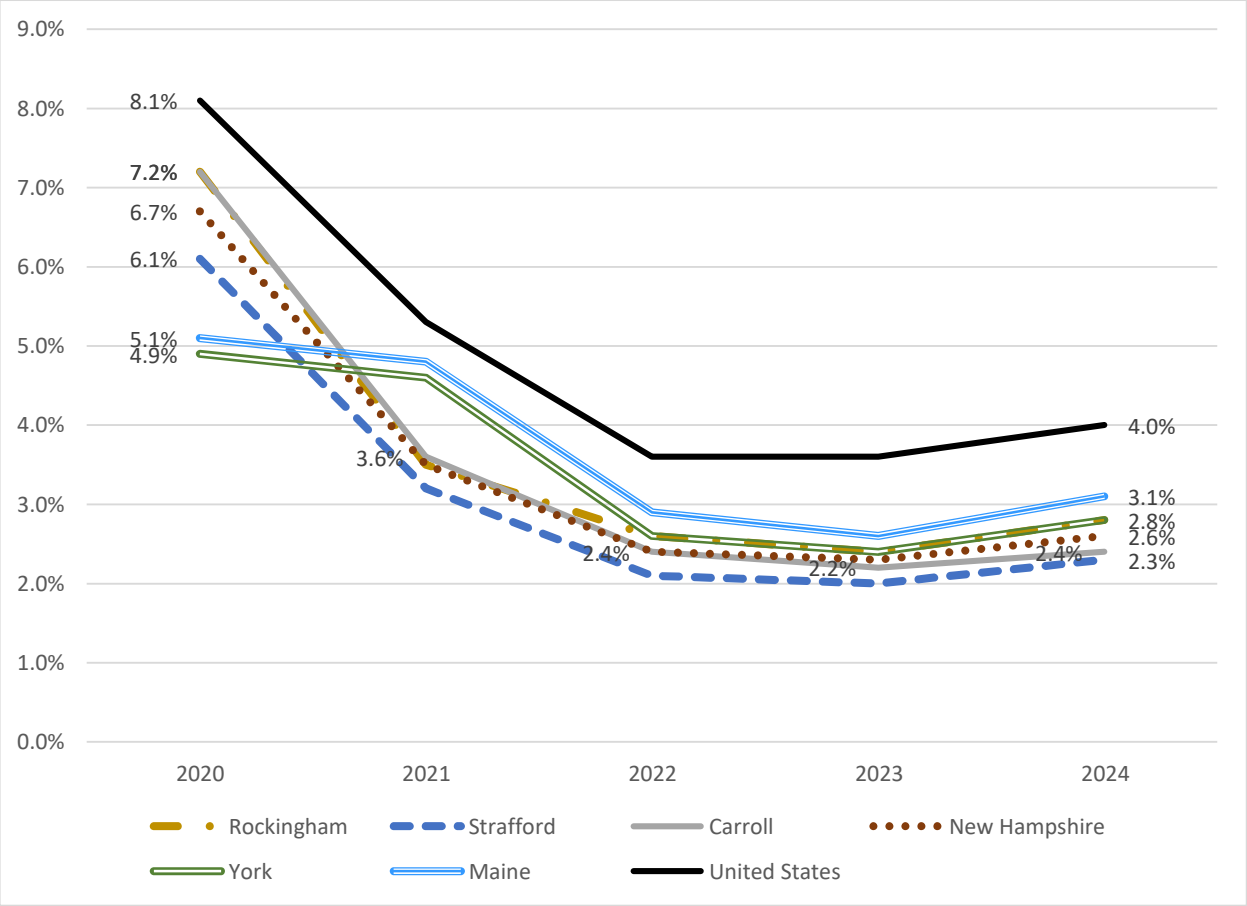
Schools participating in the National School Lunch Program are eligible to receive financial assistance from the United States Department of Agriculture (USDA) to provide free or reduced-price meals to low-income students. Schools with 40 percent or more of their student body receiving this assistance are eligible for school-wide Title I funding to raise the achievement of the lowest-achieving students[12]. Data in ***Exhibit 12*** indicate the following:

- There are nine schools within the Wentworth-Douglass Hospital community where at least 40 percent of students are eligible for free or reduced-price lunches.

[12] Title I, Part A: Improving Basic Programs Operated by Local Educational Agencies, U.S. Department of Education, April 7, 2025. See https://www.ed.gov/grants-and-programs/formula-grants/school-improvement/improving-basic-programs-operated-by-local-educational-agencies-esea-title-i-part-a.

Unemployment

Exhibit 13: Unemployment Rates, 2020-2024



Source: Bureau of Labor Statistics, 2025.

Description

Exhibit 13 presents indicators for unemployment rates for Rockingham County (NH), Strafford County (NH), New Hampshire, York County (ME), Maine, and the United States.

Observations

Unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. Because many obtain health insurance through employer-based coverage, higher unemployment rates contribute to higher numbers of uninsured people. Data in ***Exhibit 13*** indicate the following:

- Unemployment rates were higher in 2020 due to the COVID-19 pandemic;
- Unemployment rates decreased from 2020 to 2022 for all geographies; and
- Unemployment rates rose from 2022 to 2024.

Insurance Status

Exhibit 14: Percent of the Population without Health Insurance, 2023

Area	ZIP Code	County (State)	Population Total	Population Uninsured	Percent Uninsured
Primary Service Area Subtotal			148,337	7,655	5.2%
Barrington	03825	Strafford (NH)	9,420	784	8.3%
Berwick	03901	York (ME)	8,067	250	3.1%
Dover	03820	Strafford (NH)	32,201	1,955	6.1%
Durham	03824	Strafford (NH)	14,946	262	1.8%
Lee	03861	Strafford (NH)	4,558	21	0.5%
Madbury	03823	Strafford (NH)	2,110	90	4.3%
Newington / Portsmouth	03801	Rockingham (NH)	22,829	945	4.1%
Rochester	03839	Strafford (NH)	4,134	269	6.5%
Rochester	03867	Strafford (NH)	22,475	1,683	7.5%
Rochester	03868	Strafford (NH)	5,830	228	3.9%
Rollinsford	03869	Strafford (NH)	2,430	156	6.4%
Somersworth	03878	Strafford (NH)	12,000	690	5.8%
South Berwick	03908	York (ME)	7,337	322	4.4%
Secondary Service Area Subtotal			62,118	3,536	5.7%
Brookfield	03872	Carroll (NH)	3,890	217	5.6%
Eliot	03903	York (ME)	6,921	475	6.9%
Farmington	03835	Strafford (NH)	6,782	443	6.5%
Kittery	03904	York (ME)	7,928	471	5.9%
Kittery Point	03905	York (ME)	1,964	3	0.2%
Lebanon	04027	York (ME)	6,569	575	8.8%
Middleton	03887	Strafford (NH)	2,007	321	16.0%
Milton	03851	Strafford (NH)	4,257	259	6.1%
Milton Mills	03852	Strafford (NH)	245	-	0.0%
Newmarket	03857	Rockingham (NH)	9,340	366	3.9%
North Berwick	03906	York (ME)	5,194	180	3.5%
Nottingham	03290	Rockingham (NH)	5,288	140	2.6%
Wakefield	03830	Carroll (NH)	1,733	86	5.0%
Community Total			210,455	11,191	5.3%
Rockingham County (NH)			315,032	13,807	4.4%
Strafford County (NH)			130,021	7,526	5.8%
Carroll County (NH)			50,844	3,397	6.7%
York County (ME)			212,790	11,316	5.3%
New Hampshire			1,371,503	75,870	5.5%
Maine			1,359,807	90,362	6.6%
United States			327,425,278	28,000,876	8.6%

Source: U.S. Census, ACS 5-Year Estimates, 2019-2023.

Description. ***Exhibit 14*** presents the percentage of population without health insurance for community ZIP Codes; Rockingham, Strafford, Carroll, and York counties; and New Hampshire, Maine, and the United States.

Observations. Lack of health insurance contributes to poor health outcomes, particularly through a lack of access to health professionals. Data in ***Exhibit 14*** indicates comparatively high percentages of uninsurance in Barrington ZIP Code 03825 (8.3 percent), Rochester ZIP Code 03867 (7.5 percent), Eliot ZIP Code 03903 (6.9 percent), Lebanon ZIP Code 04027 (8.8 percent), and Middleton ZIP Code 03887 (16.0 percent).

Crime

Exhibit 15: Crime Rates by Type and City/Town, Per 100,000, 2023

Area	Violent Crime	Murder	Rape	Robbery	Aggravated Assault	Property Crime	Burglary	Larceny- Theft	Motor Vehicle Theft
Barrington (NH)	41.7	-	10.4	10.4	20.8	374.9	10.4	343.6	20.8
Dover (NH)	44.5	3.0	17.8	8.9	14.8	940.9	103.9	783.6	53.4
Durham (NH)	50.2	-	43.0	7.2	-	207.8	7.2	186.3	14.3
Farmington (NH)	115.9	-	72.5	-	43.5	854.9	72.5	753.5	29.0
Lee (NH)	-	-	-	-	-	453.5	-	410.3	43.2
Madbury (NH)	-	-	-	-	-	206.4	51.6	154.8	-
Middleton (NH)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Milton (NH)	151.6	-	65.0	-	86.6	1,147.9	130.0	909.7	108.3
Newmarket (NH)	85.1	-	31.9	10.6	42.6	287.3	-	266.0	21.3
Nottingham (NH)	-	-	-	-	-	110.4	18.4	92.0	-
Portsmouth (NH)	143.1	-	56.4	8.7	78.1	1,036.6	60.7	910.8	65.1
Rochester	190.3	-	57.4	12.1	120.9	1,734.2	274.9	1,359.6	99.7
Rollinsford (NH)	37.7	-	-	37.7	-	565.6	75.4	452.5	37.7
Somersworth (NH)	106.1	-	40.8	24.5	40.8	1,794.9	65.3	1,648.0	81.6
Wakefield (NH)	93.5	-	46.7	-	46.7	576.5	46.7	529.8	-
Berwick (ME)	108.4	24.1	36.1	-	48.2	529.8	36.1	457.6	36.1
Eliot (ME)	-	-	-	-	-	176.4	-	176.4	-
Kittery (ME)	9.7	-	9.7	-	-	1,192.6	-	1,134.4	58.2
North Berwick (ME)	57.3	-	38.2	-	19.1	324.9	76.4	248.4	-
South Berwick (ME)	25.7	-	25.7	-	-	360.5	25.7	296.1	38.6
New Hampshire	**107.2**	**1.9**	**35.6**	**16.0**	**53.7**	**888.9**	**55.6**	**773.7**	**59.6**
Maine	**102.5**	**4.3**	**30.3**	**11.7**	**56.2**	**1,120.6**	**110.2**	**931.4**	**79.0**
United States	**363.8**	**5.7**	**38.0**	**66.5**	**264.1**	**1,916.7**	**250.7**	**1,347.2**	**318.7**

Source: FBI, 2025.

Description

Exhibit 15 presents indicators for crime rates for cities/towns in the community, Maine, New Hampshire, and the United States.

Observations
A safe environment supports community health by helping to prevent injury and to promote recreation and positive mental health. Data in ***Exhibit 15*** indicate the following:

- No 2023 Barrington (NH) crime rate was higher than the corresponding New Hampshire rate;
- The 2023 Dover (NH) rates for murder and burglary were more than 50 percent higher than the New Hampshire rates, and the rates for property crime and larceny- theft were higher;
- The 2023 Durham (NH) rate for rape was higher than the New Hampshire rate;
- No 2023 Lee (NH) crime rate was higher than the corresponding New Hampshire rate;
- No 2023 Madbury (NH) crime rate was higher than the corresponding New Hampshire rate;
- No 2023 Middleton (NH), Milton Mills (NH), and Kittery Point (ME) crime rates were available;
- The 2023 Milton (NH) rates for rape, aggravated assault, burglary, and motor vehicle theft were more than 50 percent higher than the New Hampshire rates, and the rates for violent crime, property crime and larceny- theft were higher;
- No 2023 Newmarket (NH) crime rate was higher than the corresponding New Hampshire rate;
- No 2023 Nottingham (NH) crime rate was higher than the corresponding New Hampshire rate;
- The 2023 Portsmouth (NH) rate for rape was more than 50 percent higher than the New Hampshire rate, and the rates for violent crime, aggravated assault, property crime, burglary, larceny- theft, and motor vehicle theft were higher;
- The 2023 Rochester (NH) rates for violent crime, rape, aggravated assault, property crime, burglary, larceny- theft, and motor vehicle theft were more than 50 percent higher than the New Hampshire rates;
- The 2023 Rollinsford (NH) rate for robbery was more than 50 percent higher than the New Hampshire rates, and the rate for burglary was higher;
- The 2023 Somersworth (NH) rates for robbery, property crime, and larceny- theft were more than 50 percent higher than the New Hampshire rates, and the rates for rape, burglary, and motor vehicle theft were higher;
- The 2023 Wakefield (NH) rate for rape was higher than the New Hampshire rate;
- The 2023 Berwick (ME) rate for murder was more than 50 percent higher than the Maine rate, and the rates for violent crime and rape were higher;
- No 2023 Eliot (ME) crime rate was higher than the corresponding Maine rate;
- The 2023 Kittery (ME) rates for property crime and larceny- theft were higher than the Maine rates;
- The 2023 North Berwick (ME) rate for rape was higher than the Maine rate;
- No 2023 South Berwick (ME) crime rate was higher than the corresponding Maine rate;
- No 2023 overall New Hampshire crime rate was higher than the corresponding U.S. rate; and
- No 2023 overall Maine crime rate was higher than the corresponding U.S. rate.

County Health Rankings

Exhibit 16: County Health Rankings, 2022 and 2025

	Rockingham		Strafford		York	
Measure	**2022**	**2025**	**2022**	**2025**	**2022**	**2025**
Length of Life	1	1	7	6	6	4
Quality of Life						-
Poor Physical Health Days	1	4	5	6	2	2
Low Birth Weight	3	4	5	10	5	7
Poor Mental Health Days	1	1	5	8	2	4
Poor or Fair Health	1	1	4	6	2	4
Health Behaviors*						-
Adult Smoking	1	3	5	7	3	3
Adult Obesity	2	7	8	9	6	4
Physical Inactivity	1	3	8	8	2	6
Access to Exercise Opportunities	4	3	5	1	3	3
Excessive Drinking	8	10	5	1	13	16
Alcohol-Impaired Driving Deaths	10	10	3	9	6	11
Sexually transmitted Infections	3	5	10	9	11	10
Teen Births	1	1	3	4	2	3
Community Conditions						
Health Infrastructure						-
Flu Vaccinations	3	1	6	6	3	4
Access to Exercise Opportunities	4	3	5	1	3	3
Food Environment Index	1	2	8	8	2	5
Primary Care Physicians	6	6	10	9	10	11
Mental Health Providers	7	7	6	6	8	9
Dentists	5	5	6	6	9	8
Preventable Hospital Stays	7	8	9	9	6	13
Mammography Screening	4	3	10	10	2	2
Uninsured	1	1	5	2	2	2
Physical Environment	-	-	-	-	-	-
Severe Housing Problems	2	2	10	9	10	11
Driving Alone to Work	9	4	4	2	13	6
Long Commute - Driving Alone	10	10	5	5	15	15
Air Pollution: Particulate Matter	3	10	7	8	14	15
Drinking Water Violations	-	-	-	-	-	-
Broadband Access	N/A	1	N/A	3	N/A	3
Library Access	N/A	5	N/A	6	N/A	10
Social and Economic Factors						-
Some College	1	1	3	2	2	4
High School Completion	1	1	4	3	5	2
Unemployment	8	7	5	4	7	3
Income Inequality	1	1	6	7	4	1
Children in Poverty	1	1	2	4	2	2
Injury Deaths	1	1	7	6	12	4
Social Associations	6	6	9	9	14	15
Child Care Cost Burden	N/A	1	N/A	6	N/A	7

Source: Verité analysis of data from County Health Rankings, 2022 and 2025.
*County Health Rankings provides the measures listed in the table as "Health Behaviors" but does not report category in the 2025 summary.
Light grey shading indicates rankings in the bottom half of counties within the respective state; dark grey shading indicates rankings in bottom quartile within the respective state.

Description
Exhibit 16 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that reports a variety of health status indicators. *County Health Rankings* is updated annually. *County Health Rankings 2022* relies on data from 2010 to 2020. *County Health Rankings 2025* relies on data from 2017 to 2024.

The exhibit presents Verité calculated rankings for 2022 and 2025 rankings for each available indicator category. Rankings indicate how the county compared to other counties within the state. A "1" is the most favorable rank. A "10" is the least favorable in New Hampshire and a "16" the least favorable in Maine.

Observations
Data in ***Exhibit 16*** indicate the following:

- Rockingham County ranked in the bottom 50th percentile among New Hampshire counties for 10 of the 38 indicators highlighted for 2025;
    - 5 of the 10 indicators that ranked in the bottom 50th percentile were in the bottom quartile (excessive drinking, alcohol-impaired driving deaths, preventable hospital stays, long commute - driving alone, and air pollution: particulate matter); and
    - Rankings for ten indictors fell between 2022 and 2025;
- Strafford County ranked in the bottom 50th percentile among New Hampshire counties for 24 of the 38 indicators highlighted for 2025;
    - 13 of the 24 indicators that ranked in the bottom 50th percentile were in the bottom quartile (low birth weight, poor mental health days, adult obesity, physical inactivity, alcohol-impaired driving deaths, sexually transmitted infections, food environment index, primary care physicians, preventable hospital stays, mammography screening, severe housing problems, air pollution: particulate matter, and social associations); and
    - Rankings for 11 indictors fell between 2022 and 2025;
- York County ranked in the bottom 50th percentile among Maine counties for 11 of the 38 indicators highlighted for 2025;
    - 5 of the 11 indicators that ranked in the bottom 50th percentile were in the bottom quartile (excessive drinking, preventable hospital stays, long commute - driving alone, air pollution: particulate matter, and social associations); and
    - Rankings for 16 indictors fell between 2022 and 2025.

Exhibit 17A: County Health Rankings Data Compared to State and U.S. Averages, 2025
Length of Life

Indicator / Category	Description	Rockingham	Stafford	New Hampshire	York	Maine	United States
Length of Life – Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	5,001	7,468	6,622	7,331	8,421	8,400

Source: County Health Rankings, 2025.
Light grey shading indicates that rates were higher (worse) than the U.S. average.
Dark grey shading indicates that rates were more than 50 percent higher than the U.S. average.

Description
Exhibit 17A presents an indicator for length of life from *County Health Rankings 2025* for Rockingham County, Strafford County, New Hampshire, York County, Maine, and the U.S.

Observations
Data in ***Exhibit 17A*** indicate the following:

- For Rockingham, Strafford, and York counties, as well as New Hampshire overall, the number of years of potential life lost (YPLL) rate is lower than the overall U.S. rate; and
- For Maine overall, the number of years of potential life lost (YPLL) rate is higher than the overall U.S. rate.

Exhibit 17B: County Health Rankings Data Compared to State and U.S. Averages, 2025
Quality of Life

Indicator / Category	Description	Rockingham	Stafford	New Hampshire	York	Maine	United States
Quality of Life - Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted)	12.1%	14.2%	14.4%	12.8%	14.6%	17.0%
Quality of Life - Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.6	3.8	3.9	3.5	3.8	3.9
Quality of Life - Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	5.1	5.6	5.7	5.4	5.6	5.1
Quality of Life - Low Birth Weight	Percentage of live births with low birthweight (< 2500 grams)	6.5%	7.2%	6.8%	7.4%	7.5%	8.0%

Source: County Health Rankings, 2025.
Light grey shading indicates that rates were higher (worse) than the U.S. average.
Dark grey shading indicates that rates were more than 50 percent higher than the U.S. average.

Description

Exhibit 17B presents indicators for quality of life from *County Health Rankings 2025* for Rockingham County, Strafford County, New Hampshire, York County, Maine, and the U.S.

Observation

Data in ***Exhibit 17B*** indicate the following:

- For Strafford and York counties, as well as New Hampshire and Maine overall, the average number of mentally unhealthy days reported in the past 30 days is higher than the overall U.S. rate; and
- For Rockingham County the average number of mentally unhealthy days reported in the past 30 days is the same as the overall U.S. rate.

Exhibit 17C: County Health Rankings Data Compared to State and U.S. Averages, 2025
Health Behaviors

Indicator / Category	Description	Rockingham	Stafford	New Hampshire	York	Maine	United States
Adult Smoking	Percentage of adults who are current smokers	12.7%	15.0%	11.5%	13.0%	16.0%	13.0%
Adult Obesity	Percentage of adults that report a BMI of 30 or more	31.7%	32.9%	30.0%	29.5%	33.4%	34.0%
Physical Inactivity	Percentage of adults aged 20 and over reporting no leisure-time physical activity	17.7%	21.1%	19.0%	20.1%	20.7%	23.0%
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity	87.1%	90.3%	84.9%	74.8%	66.5%	84.0%
Excessive Drinking	Percentage of adults reporting binge or heavy drinking	24.5%	20.3%	20.9%	23.5%	20.0%	19.0%
Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement	45.4%	45.3%	37.2%	36.8%	36.4%	26.0%
Sexually transmitted Infections	Number of newly diagnosed chlamydia cases per 100,000 population	172.8	247.2	202.8	196.6	225.8	495.0
Teen Births	Number of births per 1,000 female population ages 15-19	3.1	5.9	6.3	7.4	9.6	16.0

Source: County Health Rankings, 2025.
*County Health Rankings provides the measures listed in the table as "Health Behaviors" but does not report category in its 2025 summary.
Light grey shading indicates that rates were higher (worse) than the U.S. average.
Dark grey shading indicates that rates were more than 50 percent higher than the U.S. average.

Description

Exhibit 17C presents indicators for health behaviors from *County Health Rankings 2025* for Rockingham County, Strafford County, New Hampshire, York County, Maine, and the U.S.

Observations

Health behavior indicators assess current activities, which can determine future health and may correlate to other health issues, such as diabetes. Data in ***Exhibit 17C*** indicate the following:

- For Strafford County the percentage of adults reporting to be current smokers is higher than the overall U.S. percentage;
- For York County and Maine overall, the percent of the population with adequate access to locations for physical activity is lower than the overall U.S. percentage;
- For Rockingham, Strafford, and York counties, as well as New Hampshire overall, the average percentage of residents reporting excessive drinking and the percentage of alcohol-impaired driving deaths are higher than the overall U.S. rates; and
- For Rockingham and Strafford counties, the percentages of alcohol-impaired driving deaths are more than 50 percent higher than the overall U.S. rate.

Exhibit 17D: County Health Rankings Data Compared to State and U.S. Averages, 2025
Health Promotion and Harm Reduction

Indicator / Category	Description	Rockingham	Stafford	New Hampshire	York	Maine	United States
Flu Vaccinations	Flu Vaccinations	56.0%	51.0%	53.0%	52.0%	46.0%	48.0%
Access to Exercise Opportunities	Access to Exercise Opportunities	87.1%	90.3%	84.9%	74.8%	66.5%	84.0%
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	9.2	8.7	9.4	8.6	8.4	7.4

Source: County Health Rankings, 2025.
Light grey shading indicates that rates were higher (worse) than the U.S. average.
Dark grey shading indicates that rates were more than 50 percent higher than the U.S. average.

Description

Exhibit 17D presents indicators for health promotion and harm reduction from *County Health Rankings 2025* for Rockingham County, Strafford County, New Hampshire, York County, Maine, and the U.S.

Observations

Health promotion and harm reduction indicators assess prevention and intervention services and activities. Data in ***Exhibit 17D*** indicate the following:

- For Maine overall, the percentage of adults reporting flu vaccinations is lower than U.S. overall percentage; and
- For York County and Maine overall, the percentage of residents with access to exercise opportunities is lower than U.S. overall percentage.

Exhibit 17E: County Health Rankings Data Compared to State and U.S. Averages, 2025
Clinical Care

Indicator / Category	Description	Rockingham	Stafford	New Hampshire	York	Maine	United States
Primary Care Physicians Ratio	Ratio of population to primary care physicians	1,273:1	1,505:1	1,480:1	1,149:1	932:1	1,330:1
Mental Health Provider Ratio	Ratio of population to mental health providers	313:1	304:1	216:1	250:1	177:1	300:1
Dentist Ratio	Ratio of population to dentists	1,273:1	1,505:1	1,480:1	1,149:1	932:1	1,360:1
Preventable Hospital Stays	Preventable hospitalizations per 100,000 Medicare enrollees	2,451	2,671	2,348	2,197	1,977	2,666
Mammography Screening	Percentage of females 65-74 with annual mammogram	53.0%	41.0%	50.0%	49.0%	44.0%	44.0%
Uninsured	Percentage of population under age 65 without health insurance	4.9%	5.6%	6.2%	7.1%	8.4%	10.0%

Source: County Health Rankings, 2025.
Light grey shading indicates that rates were higher (worse) than the U.S. average.
Dark grey shading indicates that rates were more than 50 percent higher than the U.S. average.

Description
Exhibit 17E presents indicators for clinical care from *County Health Rankings 2025* for Rockingham County, Strafford County, New Hampshire, York County, Maine, and the U.S.

Observations
Clinical care indicators assess access to timely, safe, effective, affordable care. Data in ***Exhibit 17E*** indicate the following:

- In Rockingham County, the ratio of the population to mental health providers is higher than the overall U.S. percentage;
- In Strafford County, the ratios of the population to primary care physicians, mental heath providers, and dentists are higher than overall U.S. percentages, and percentage of Medicare enrollees with a mammography screen is lower; and
- For New Hampshire overall, the ratios of the population to primary care physicians and dentists are higher than overall U.S. percentages.

Exhibit 17F: County Health Rankings Data Compared to State and U.S. Averages, 2025
Health Factors – Social and Economic Environment

Indicator / Category	Description	Rockingham	Stafford	New Hampshire	York	Maine	United States
Some College	Percentage of adults ages 25-44 with some post-secondary education	76.1%	73.6%	71.4%	70.0%	70.2%	68.0%
High School Completion	Percentage of ninth-grade cohort that graduates in four years	96.1%	94.7%	94.1%	95.1%	94.5%	89.0%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work	2.3%	2.1%	2.2%	2.6%	2.9%	3.6%
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	3.9	4.4	4.3	3.9	4.5	4.9
Children in Poverty	Percentage of children under age 18 in poverty	5.2%	9.5%	8.2%	8.9%	12.6%	16.0%
Injury Deaths	Number of deaths due to injury per 100,000 population	72.8	94.7	88.9	105.9	109.1	84.0
Social Associations	Number of membership associations per 10,000 population	9.4	7.3	10.1	6.8	10.6	9.1
Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	28.5%	34.8%	34.6%	31.7%	32.5%	28.0%

Source: County Health Rankings, 2025.
Light grey shading indicates that rates were higher (worse) than the U.S. average.
Dark grey shading indicates that rates were more than 50 percent higher than the U.S. average.

Description

Exhibit 17F presents social and economic environment indicators from *County Health Rankings 2025* for Rockingham County, Strafford County, New Hampshire, York County, Maine, and the U.S.

Observations

Social and economic indicators measure education, poverty, and other environmental factors, which are correlated with health and health outcomes. Data in ***Exhibit 17F*** indicate the following:

- For Strafford and York counties, as well as New Hampshire and Maine overall, the numbers of injury deaths per 100,000 population are higher than the overall U.S. rate;
- For Strafford and York counties, the numbers of membership organizations per 10,000 population are lower than the overall U.S. rate; and
- For Rockingham, Strafford, and York counties, as well as New Hampshire and Maine overall, the percentages of median household income for childcare costs are higher than the overall U.S. percentage.

Exhibit 17G: County Health Rankings Data Compared to State and U.S. Averages, 2025
Health Factors – Physical Environment

Indicator / Category	Description	Rockingham	Stafford	New Hampshire	York	Maine	United States
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	12.4%	14.7%	13.5%	12.9%	12.6%	17.0%
Driving Alone to Work	Percentage of the workforce that drives alone to work	73.9%	72.4%	73.7%	73.2%	72.3%	70.0%
Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	43.9%	37.5%	38.5%	41.4%	33.8%	37.0%
Air Pollution: Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	6.9%	6.3%	5.5%	6.9%	5.3%	7.3%
Drinking Water Violations	Presence of health-related drinking water violations	Yes	Yes	N/A	Yes	N/A	N/A
Broadband Access	Percentage of households with broadband internet connection.	94.4%	91.7%	91.8%	91.3%	88.9%	90.0%
Library Access	Library visits per person living within the library service area per year.	2.5	2.4	2.7	1.7	3.1	2.0

Source: County Health Rankings, 2025.
Light grey shading indicates that rates were higher (worse) than the U.S. average.
Dark grey shading indicates that rates were more than 50 percent higher than the U.S. average.

Description

Exhibit 17G presents physical environment indicators from *County Health Rankings 2025* for Rockingham County, Strafford County, New Hampshire, York County, Maine, and the U.S.

Observations

Factors in the physical environment are correlated with health and health outcomes. Data in ***Exhibit 17G*** indicate the following:

- For Rockingham, Strafford, and York counties, as well as New Hampshire and Maine overall, the average percentages of residents reporting driving alone to work are higher than the overall U.S. percentages
- For Rockingham, Strafford, and York counties, as well as New Hampshire overall, the average percentages of residents reporting long commutes – drive alone are higher than the overall U.S. percentages; and
- In York County, library visits per person living within the library service area are lower than the overall U.S. visits per person.

Exhibit 18A: Community Health Status Indicators – Length of Life, 2025

Indicator / Category	Description	Rockingham	Strafford	York
		Peer Average	*Peer Average*	*Peer Average*
Length of Life – Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	**5,001**	**7,468**	**7,331**
		6,040	*7,767*	*9,717*

Source: Verité analysis of data from County Health Rankings, 2025.
Light grey shading indicates rankings in the bottom half of peer counties;
Dark grey shading indicates rankings in the bottom quartile of peer counties.

Description

Exhibit 18A compares Rockingham, Strafford, and York counties to other U.S. counties identified as comparable, peer counties for Length of Life indicators. These comparisons follow a methodology developed by the Centers for Disease Control (CDC) for its *Community Health Status Indicators* Project (CHSI). CHSI developed a group of 30 to 35 peer counties for each county in the U.S. based on 19 variables, including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

CHSI analyses were formerly available from the CDC. Because comparisons with peer counties (rather than only counties in the same state) are meaningful, Verité Healthcare Consulting rebuilt the CHSI comparisons for this and other CHNAs. The Verité CHSI analysis utilized data compiled by *County Health Rankings* for all 3,143 U.S. counties. The Verité analysis was based on lists of "peer counties" that are also maintained by *County Health Rankings*.

Observation

Length of Life data in ***Exhibit 18A*** indicate the following:

- Rockingham, Strafford, and York counties compare favorably to peer counties for years of potential life lost, average years a person can expect to live, and death rate for residents under 75.

Exhibit 18B: Community Health Status Indicators – Quality of Life, 2025

Indicator / Category	Description	Rockingham	Strafford	York
		Peer Average	*Peer Average*	*Peer Average*
Poor or Fair Health	% of adults reporting fair or poor health	**12.1%**	**14.2%**	**12.8%**
		13.2%	*16.2%*	*17.1%*
Poor Physical Health Days	Average physically unhealthy days reported in past 30 days	**3.6**	**3.8**	**3.5**
		3.6	*4.0*	*4.1*
Poor Mental Health Days	Average mentally unhealthy days reported in past 30 days	**5.1**	**5.6**	**5.4**
		5.2	*5.4*	*5.6*
Low Birth Weight	Average mentally unhealthy days reported in past 30 days	**6.5%**	**7.2%**	**7.4%**
		7.2%	*8.1%*	*8.2%*

Source: Verité analysis of data from County Health Rankings, 2025.
Light grey shading indicates rankings in the bottom half of peer counties or unfavorable to the peer county average;
Dark grey shading indicates rankings in the bottom quartile of peer counties.

Description

Exhibit 18B compares Rockingham, Strafford, and York counties to other U.S. counties identified as comparable, peer counties for Quality of Life indicators. See ***Exhibit 18A*** for more detail on the *Community Health Status Indicators* methodology.

Observations

Quality of Life data in ***Exhibit 18B*** indicate the following:

- Rockingham and York counties compare favorably to peer counties for poor or fair health, poor physical health days, poor mental health days, and low birth weight; and
- Strafford County compares unfavorably to peer counties for poor mental health days, and compares favorably to peer counties for poor or fair health, poor physical health days, and low birth weight.

Exhibit 18C: Community Health Status Indicators – Health Behaviors, 2025

Indicator / Category	Description	Rockingham	Strafford	York
		Peer Average	*Peer Average*	*Peer Average*
Adult Smoking	% of adults who are current smokers	**12.7%**	**15.0%**	**13.0%**
		12.3%	*14.6%*	*15.5%*
Adult Obesity	% of adults (18+) that reports a BMI >= to 30	**31.7%**	**32.9%**	**29.5%**
		30.4%	*34.8%*	*33.6%*
Physical Inactivity	% of adults (18+) reporting no leisure-time physical activity	**17.7%**	**21.1%**	**20.1%**
		18.3%	*22.0%*	*23.2%*
Access to Exercise Opportunities	% of adults (18+) with adequate access to locations for physical activity	**87.1%**	**90.3%**	**74.8%**
		84.6%	*79.4%*	*74.4%*
Excessive Drinking	% of adults reporting binge or heavy drinking	**24.5%**	**20.3%**	**23.5%**
		22.4%	*20.4%*	*20.6%*
Alcohol-Impaired Driving Deaths	% of driving deaths with alcohol involvement	**45.4%**	**45.3%**	**36.8%**
		29.6%	*28.8%*	*25.3%*
Sexually transmitted Infections	Newly diagnosed chlamydia cases per 100,000	**172.8**	**247.2**	**196.6**
		214.5	*398.1*	*304.4*
Teen Births	Births per 1,000 females aged 15-19	**3.1**	**5.9**	**7.4**
		5.3	*12.1*	*17.2*

Source: Verité analysis of data from County Health Rankings, 2025.
Light grey shading indicates rankings in the bottom half of peer counties;
Dark grey shading indicates rankings in the bottom quartile of peer counties.

Description

Exhibit 18C compares Rockingham, Strafford, and York counties to other U.S. counties identified as comparable, peer counties for Health Behaviors indicators. See ***Exhibit 18A*** for more detail on the *Community Health Status Indicators* methodology.

Observations

Health Behaviors data in ***Exhibit 18C*** indicate the following:

- Rockingham County compares especially unfavorably to its peer counties for excessive drinking and alcohol-impaired driving deaths, and compares unfavorably for adult smoking, adult obesity, physical inactivity, and access to exercise opportunities;
- Strafford County compares especially unfavorably for alcohol-impaired driving deaths, and compares unfavorably for adult smoking and excessive drinking; and
- York County compares especially unfavorably to its peer counties for excessive drinking and alcohol-impaired driving deaths and compares unfavorably for access to exercise opportunities.

Exhibit 18D: Community Health Status Indicators, 2025
Health Promotion and Harm Reduction

Indicator / Category	Description	Rockingham	Strafford	York
		Peer Average	*Peer Average*	*Peer Average*
Flu Vaccinations	Flu Vaccinations	**56.0%**	**51.0%**	**52.0%**
		53.5%	49.8%	47.8%
Access to Exercise Opportunities	Access to Exercise Opportunities	**87.1%**	**90.3%**	**74.8%**
		84.6%	79.4%	74.4%
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	**9.2**	**8.7**	**8.6**
		9.0	8.3	7.6

Source: Verité analysis of data from County Health Rankings, 2025.
Light grey shading indicates rankings in the bottom half of peer counties;
Dark grey shading indicates rankings in the bottom quartile of peer counties.

Description
Exhibit 18D compares Rockingham, Strafford, and York counties to other U.S. counties identified as comparable, peer counties for health promotion and harm reduction indicators. See ***Exhibit 18A*** for more detail on the *Community Health Status Indicators* methodology.

Observation
Health Behaviors data in ***Exhibit 18D*** indicate the following:

- Strafford County compares especially favorably to peer counties for access to exercise opportunities.

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Exhibit 18E: Community Health Status Indicators – Clinical Care, 2025

Indicator / Category	Description	Rockingham	Strafford	York
		Peer Average	*Peer Average*	*Peer Average*
Primary Care Physicians Ratio	Ratio of population to primary care physicians	**1,273:1**	**1,505:1**	**1,480:1**
		1,320:1	*1,659:1*	*1,509:1*
Mental Health Provider Ratio	Ratio of population to mental health providers	**313:1**	**304:1**	**216:1**
		310:1	*427:1*	*400:1*
Dentist Ratio	Ratio of population to dentists	**1,309:1**	**1,364:1**	**1,885:1**
		1,491:1	*1.670:1*	*1,895:1*
Preventable Hospital Stays	Preventable hospitalizations per 100,000 Medicare enrollees	**2,451**	**2,671**	**2,197**
		2,441	*2,800*	*2,318*
Mammography Screening	% of Females 65-74 with annual mammogram	**53.0%**	**41.0%**	**49.0%**
		47.1%	*46.2%*	*47.4%*
Uninsured	% of population under age 65 without health insurance	**4.9%**	**5.6%**	**7.1%**
		5.5%	*8.2%*	*12.0%*

Source: Verité analysis of data from County Health Rankings, 2025.
Light grey shading indicates rankings in the bottom half of peer counties or unfavorable to the peer county average;
Dark grey shading indicates rankings in the bottom quartile of peer counties.

Description

Exhibit 18E compares Rockingham, Strafford, and York counties to other U.S. counties identified as comparable, peer counties for Clinical Care indicators. See ***Exhibit 18A*** for more detail on the *Community Health Status Indicators* methodology.

Observations

Clinical Care data in ***Exhibit 18E*** indicate the following:

- Rockingham County compares unfavorably to its peer counties for the ratio of population to mental health providers and for preventable hospitalizations; and
- Strafford County compares especially unfavorably to its peer counties for females 65-74 with annual mammograms.

Exhibit 18F: Community Health Status Indicators – Social & Economic Factors, 2025

Indicator / Category	Description	Rockingham	Strafford	York
		Peer Average	*Peer Average*	*Peer Average*
Some College	% of adults (25-44) with some post-secondary education	**76.1%**	**73.6%**	**70.0%**
		74.7%	*71.2%*	*62.4%*
High School Completion	% of adults (25+) with a high school diploma or equivalent	**96.1%**	**94.7%**	**95.1%**
		94.5%	*92.7%*	*91.2%*
Unemployment	% of population (16+) unemployed but seeking work	**2.3%**	**2.1%**	**2.6%**
		3.0%	*3.1%*	*3.4%*
Income Inequality	Ratio of household income at the 80th percentile to the 20th percentile	**3.9**	**4.4**	**3.9**
		4.2	*4.2*	*4.3*
Children in Poverty	% of children under age 18 in poverty	**5.2%**	**9.5%**	**8.9%**
		7.8%	*11.5%*	*16.2%*
Injury Deaths	Deaths due to injury per 100,000	**72.8**	**94.7**	**105.9**
		76.1	*81.9*	*109.2*
Social Associations	Membership associations per 10,000	**9.4**	**7.3**	**6.8**
		8.8	*8.0*	*8.7*
Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	**28.5%**	**34.8%**	**31.7%**
		28.6%	*26.0%*	*26.3%*

Source: Verité analysis of data from County Health Rankings, 2025.
Light grey shading indicates rankings in the bottom half of peer counties;
Dark grey shading indicates rankings in the bottom quartile of peer counties.

Description

Exhibit 18F compares Rockingham, Strafford, and York counties to other U.S. counties identified as comparable, peer counties for Social & Economic Factors indicators. See ***Exhibit 18A*** for more detail on the *Community Health Status Indicators* methodology.

Observations

Social & Economic Factors data in ***Exhibit 18F*** indicate the following:

- Rockingham County compares favorably to peer counties for all indicators;
- Strafford County compares especially unfavorably to its peer counties for income inequality, injury deaths, and child care cost burden, and compares unfavorably for social associations; and
- York County compares especially unfavorably to its peer counties for social associations and child care cost burden, and compares unfavorably injury deaths.

Exhibit 18G: Community Health Status Indicators – Physical Environment, 2025

Indicator / Category	Description	Rockingham	Strafford	York
		Peer Average	*Peer Average*	*Peer Average*
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	**12.4%**	**14.7%**	**12.9%**
		13.3%	*13.4%*	*14.4%*
Driving Alone to Work	Percentage of the workforce that drives alone to work	**73.9%**	**72.4%**	**73.2%**
		72.4%	*73.0%*	*75.3%*
Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	**43.9%**	**37.5%**	**41.4%**
		46.9%	*39.0%*	*37.2%*
Air Pollution: Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	**6.9**	**6.3**	**6.9**
		8.4	*8.5*	*8.0*
Drinking Water Violations	Presence of health-related drinking water violations	**Yes**	**Yes**	**Yes**
		N/A	*N/A*	*N/A*
Broadband Access	Percentage of households with broadband internet connection	**94.4%**	**91.7%**	**91.3%**
		92.5%	*92.1%*	*89.0%*
Library Access	Library visits per person living within the library service area per year.	**2.5**	**2.4**	**1.7**
		2.7	2.4	2.0

Source: Verité analysis of data from County Health Rankings, 2025.
N/A indicates that data are not comparable.
Light grey shading indicates rankings in the bottom half of peer counties or unfavorable to the peer county average;
Dark grey shading indicates rankings in the bottom quartile of peer counties.

Description

Exhibit 18F compares Rockingham, Strafford, and York counties to other U.S. counties identified as comparable, peer counties for Physical Environment indicators. See ***Exhibit 18A*** for more detail on the *Community Health Status Indicators* methodology.

Observations

Physical Environment data in ***Exhibit 18G*** indicate the following:

- Rockingham County compares unfavorably to its peer counties for driving alone to work and long commute - driving alone and library access;
- Strafford County compares especially unfavorably to its peer counties for severe housing problems, and compares unfavorably for broadband access; and
- York County compares unfavorably to its peer counties for long commute - driving alone and library access.

Exhibit 19: Selected Causes of Death, Crude Rates per 100,000 Population, 2023

Cause	Rockingham	Strafford	New Hampshire	York	Maine	United States
Major cardiovascular diseases	270.4	246.9	276.0	282.3	321.8	272.0
Diseases of heart	213.3	195.1	213.1	222.8	249.0	203.3
Acute rheumatic fever and chronic rheumatic heart diseases	N/A	N/A	**2.2**	N/A	**2.1**	1.3
Hypertensive heart disease	14.7	18.0	10.9	**36.6**	**39.5**	21.7
Hypertensive heart and renal disease	N/A	N/A	2.7	Unreliable	5.0	5.3
Ischemic heart diseases	106.6	89.3	112.8	108.4	128.3	104.3
Acute myocardial infarction	23.7	Unreliable	22.1	22.9	33.6	27.9
Other acute ischemic heart diseases	N/A	N/A	Unreliable	N/A	1.6	1.3
Other forms of chronic ischemic heart disease	81.4	75.1	89.5	84.6	93.1	75.1
Atherosclerotic cardiovascular disease, so described	32.4	Unreliable	28.9	20.1	18.6	23.9
All other forms of chronic ischemic heart disease	49.0	63.0	60.6	64.5	74.5	51.3
Other heart diseases	88.2	84.1	84.4	69.1	74.0	70.7
Heart failure	35.5	**50.3**	31.5	20.6	19.0	26.8
All other forms of heart disease	52.4	33.0	52.0	48.0	54.2	42.9
Essential hypertension and hypertensive renal disease	7.5	N/A	9.2	10.5	13.5	12.7
Cerebrovascular diseases	39.9	41.3	44.0	40.3	48.0	48.6
Atherosclerosis	N/A	N/A	1.5	N/A	Unreliable	1.1
Other diseases of circulatory system	7.8	N/A	8.1	Unreliable	**10.0**	6.4
Aortic aneurysm and dissection	Unreliable	N/A	3.8	Unreliable	3.9	3.0
Other diseases of arteries, arterioles and capillaries	Unreliable	N/A	4.4	N/A	**6.1**	3.3
Malignant neoplasms	193.0	201.9	213.3	238.4	246.3	183.1
Malignant neoplasms of lip, oral cavity and pharynx	Unreliable	N/A	4.9	N/A	**5.9**	3.5
Malignant neoplasm of esophagus	6.9	Unreliable	6.4	Unreliable	**8.5**	4.8
Malignant neoplasm of stomach	N/A	N/A	2.9	Unreliable	3.7	3.3
Malignant neoplasms of colon, rectum and anus	15.3	Unreliable	15.6	15.1	18.4	16.5
Malignant neoplasms of liver and intrahepatic bile ducts	6.9	Unreliable	9.1	9.1	8.7	8.9
Malignant neoplasm of pancreas	18.4	16.5	17.9	**25.2**	19.1	14.8
Malignant neoplasm of larynx	N/A	N/A	Unreliable	N/A	1.6	1.2
Malignant neoplasms of trachea, bronchus and lung	42.7	45.8	46.5	49.4	58.3	39.3
Malignant melanoma of skin	N/A	N/A	2.4	N/A	3.1	2.5
Malignant neoplasm of breast	14.3	15.0	13.7	13.3	14.8	12.8
Malignant neoplasm of cervix uteri	N/A	N/A	Unreliable	N/A	Unreliable	1.2
Malignant neoplasms of corpus uteri and uterus, part unspecified	N/A	N/A	3.7	N/A	4.7	4.0
Malignant neoplasm of ovary	Unreliable	Unreliable	5.6	N/A	4.4	3.8
Malignant neoplasm of prostate	10.0	Unreliable	12.1	**18.8**	15.0	10.1
Malignant neoplasms of kidney and renal pelvis	Unreliable	N/A	4.7	Unreliable	5.0	4.4
Malignant neoplasm of bladder	6.2	Unreliable	7.7	Unreliable	**8.4**	5.2

- Table continued below –

- Table continued from above –

Cause	Rockingham	Strafford	New Hampshire	York	Maine	United States
Malignant neoplasms of meninges, brain and other parts of central nervous system	8.1	Unreliable	7.1	Unreliable	6.6	5.4
Malignant neoplasms of lymphoid, hematopoietic and related tissue	16.2	Unreliable	16.8	25.2	23.5	16.9
Non-Hodgkin lymphoma	7.8	N/A	7.3	Unreliable	9.0	6.0
Leukemia	Unreliable	N/A	6.3	**11.9**	9.3	7.0
Multiple myeloma and immunoproliferative neoplasms	Unreliable	N/A	3.0	Unreliable	4.4	3.6
All other and unspecified malignant neoplasms	27.1	23.3	34.3	34.8	35.5	24.5
All other diseases (Residual)	148.1	160.6	155.6	168.8	**208.6**	121.6
Accidents (unintentional injuries)	63.0	63.0	72.8	73.2	93.4	66.5
Transport accidents	11.2	N/A	11.2	Unreliable	12.3	14.3
Motor vehicle accidents	10.3	N/A	10.0	Unreliable	10.9	13.4
Water, air and space, and other and unspecified transport accidents and their sequelae	N/A	N/A	Unreliable	N/A	Unreliable	0.6
Nontransport accidents	51.8	56.3	61.6	65.0	**81.2**	52.2
Falls	20.3	19.5	**23.0**	**33.9**	**31.5**	14.0
Accidental drowning and submersion	N/A	N/A	Unreliable	N/A	Unreliable	1.2
Accidental exposure to smoke, fire and flames	N/A	N/A	Unreliable	N/A	Unreliable	1.0
Accidental poisoning and exposure to noxious substances	25.9	28.5	30.8	27.4	43.8	29.9
Other and unspecified nontransport accidents and their sequelae	Unreliable	Unreliable	6.0	N/A	3.4	5.9
Chronic lower respiratory diseases	48.3	51.0	53.4	60.8	**66.7**	43.4
Emphysema	N/A	N/A	3.0	N/A	**4.5**	2.4
Asthma	N/A	N/A	Unreliable	N/A	Unreliable	1.1
Other chronic lower respiratory diseases	45.8	44.3	49.4	55.8	**60.8**	39.8
Alzheimer disease	30.6	46.5	35.6	30.2	39.1	34.0
Diabetes mellitus	21.5	28.5	26.8	27.4	39.5	28.4
Other and unspecified infectious and parasitic diseases and their sequelae	20.0	18.0	21.1	19.2	**27.8**	18.5
COVID-19	17.5	15.0	18.0	16.0	**22.6**	14.9
Chronic liver disease and cirrhosis	15.3	Unreliable	16.4	18.3	19.8	15.6
Alcoholic liver disease	8.7	N/A	9.9	**13.3**	10.7	8.5
Other chronic liver disease and cirrhosis	6.5	N/A	6.5	Unreliable	9.1	7.0
Intentional self-harm (suicide)	11.8	Unreliable	15.8	20.6	19.6	14.7
Intentional self-harm (suicide) by discharge of firearms	6.5	Unreliable	8.7	**12.4**	11.3	8.2
Intentional self-harm (suicide) by other and unspecified means and their sequelae	Unreliable	N/A	7.1	Unreliable	8.3	6.6
Parkinson disease	14.7	15.0	15.5	11.9	15.1	12.0
Other diseases of respiratory system	13.1	15.0	15.4	16.5	20.8	15.0
Peptic ulcer	N/A	N/A	Unreliable	N/A	**2.8**	1.2
Hernia	N/A	N/A	Unreliable	N/A	**2.4**	0.8
Nephritis, nephrotic syndrome and nephrosis	16.2	20.3	15.1	16.0	17.0	16.5
Renal failure	15.9	20.3	14.8	15.6	16.6	16.2

- Table continued below –

- Table continued from above –

Cause	Rockingham	Strafford	New Hampshire	York	Maine	United States
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	10.9	Unreliable	12.1	Unreliable	4.4	9.9
Influenza and pneumonia	10.6	Unreliable	11.9	14.2	17.4	13.5
Influenza	N/A	N/A	1.6	N/A	**2.1**	1.2
Pneumonia	8.4	Unreliable	10.3	12.4	15.3	12.3
Septicemia	11.5	Unreliable	10.7	N/A	3.1	12.5
Pneumonitis due to solids and liquids	7.2	Unreliable	8.6	N/A	Unreliable	5.8
Nutritional deficiencies	Unreliable	N/A	6.2	N/A	Unreliable	6.8
Malnutrition	Unreliable	N/A	6.1	N/A	Unreliable	6.7
In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	**7.8**	N/A	5.9	Unreliable	7.2	4.8
Certain other intestinal infections	N/A	N/A	2.5	N/A	**3.5**	2.1
Congenital malformations, deformations and chromosomal abnormalities	N/A	N/A	2.3	N/A	2.7	3.0
Assault (homicide)	N/A	N/A	2.1	N/A	3.4	6.8
Assault (homicide) by discharge of firearms	N/A	N/A	Unreliable	N/A	2.6	5.4
Assault (homicide) by other and unspecified means and their sequela	N/A	N/A	Unreliable	N/A	Unreliable	1.5
Anemias	N/A	N/A	1.9	N/A	1.6	1.8
Certain conditions originating in the perinatal period	N/A	N/A	1.7	N/A	2.9	3.0
Cholelithiasis and other disorders of gallbladder	N/A	N/A	1.6	N/A	**2.4**	1.4
Other disorders of circulatory system	N/A	N/A	1.4	N/A	1.8	1.5
Enterocolitis due to Clostridium difficile	N/A	N/A	1.4	N/A	1.7	1.2
Complications of medical and surgical care	N/A	N/A	Unreliable	N/A	Unreliable	0.9
Events of undetermined intent	N/A	N/A	Unreliable	N/A	1.6	1.6
Other and unspecified events of undetermined intent and their sequelae	N/A	N/A	Unreliable	N/A	1.6	1.4

Source: Centers for Disease Control and Prevention, 2025. N/A indicates that data are not available. Unreliable indicates 20 or fewer deaths.

Description

Exhibit 19 summarizes crude mortality rates for selected causes of death in 2023 in Rockingham, Strafford, and York counties, as well as New Hampshire and Maine. Light grey shading indicates that rates were higher (worse) than the respective state averages. Dark grey shading indicates that rates were more than 50 percent higher than respective state averages.

Observations

The health of populations can be measured by mortality indictors, which identify life spans and causes of death. Data in ***Exhibit 19*** indicate the following:

- For Rockingham County, the death rates for several causes of death were higher than overall national rates;
- For Strafford County, the death rate from heart failure was more than 50 percent higher than New Hampshire rate; and the rates for several causes of death were higher than the overall New Hampshire rates; and
- For York County, the deaths rate for several causes were more than 50 percent higher than overall Maine rates, and the rates for numerous causes of death were higher than the overall Maine rates.

Exhibit 20A: Maine Age-Adjusted Cancer Mortality Rates Per 100,000 Population, 2018-2022

Cancer Type	York	Maine	United States
All Cancer Sites	156.6	159.3	146.0
Bladder	5.5	5.5	4.1
Breast	14.4	16.7	19.3
Brain & ONS	6.2	5.2	4.4
Cervix, 2018-2022	*	1.4	2.2
Childhood (Ages <15, All Sites)	*	2.2	1.9
Childhood (Ages <20	*	2.5	2.1
Colon & Rectum	11.9	12.6	12.9
Esophagus	6.7	5.8	3.7
Kidney & Renal Pelvis	2.8	3.7	3.4
Leukemia	6.2	5.9	5.9
Liver & Bile Duct	5.7	5.2	6.6
Lung & Bronchus	39.7	40.1	32.4
Melanoma of the Skin	2.5	2.3	2.0
Non-Hodgkin Lymphoma	4.9	5.4	5.0
Prostate	20.0	20.0	19.0
Ovary	6.9	5.8	6.0
Prostate	6.9	5.8	6.0
Pancreas	12.3	11.5	11.2
Stomach	1.7	2.3	2.7
Thyroid	*	0.4	0.5
Uterus (Corpus & Uterus	7.1	5.4	5.2

Source: National Cancer Institute, 2025.
"*" indicates that data are suppressed.
Light grey shading indicates that rates were higher (worse) than the Maine average.
Dark grey shading indicates that rates were more than 50 percent higher than the Maine average.

Description

Exhibit 20A summarizes 2018-22 cancer mortality rates for York County, Maine, and the United States.

Observations

The health of populations can be measured by mortality indictors, which identify life spans and causes of death. Data in ***Exhibit 20A*** indicate the following:

- The York County and overall Maine death rates from esophagus cancer were more than 50 percent higher than the overall U.S. rate.
- York County and overall Maine death rates from many cancers were higher than overall U.S. rates.

Exhibit 20B: New Hampshire Age-Adjusted Cancer Mortality Rates Per 100,000 Population, 2018-2022

Cancer Type	Rockingham	Strafford	New Hampshire	United States
All Cancer Sites	136.8	162.9	144.5	146.0
Bladder	4.5	5.6	4.6	4.1
Breast	15.3	22.7	17.6	19.3
Brain & ONS	4.9	4.0	5.2	4.4
Cervix, 2018-2022	*	*	1.3	2.2
Childhood (Ages <15, All Sites)	*	*	2.0	1.9
Childhood (Ages <20	*	*	2.3	2.1
Colon & Rectum	10.4	11.8	11.1	12.9
Esophagus	4.8	5.3	4.7	3.7
Kidney & Renal Pelvis	2.7	2.6	2.9	3.4
Leukemia	5.5	6.3	5.4	5.9
Liver & Bile Duct	4.9	5.1	5.3	6.6
Lung & Bronchus	31.4	40.9	33.0	32.4
Melanoma of the Skin	2.2	3.0	2.6	2.0
Non-Hodgkin Lymphoma	4.5	4.2	4.7	5.0
Oral Cavity & Pharynx	2.3	2.8	2.6	2.6
Ovary	7.0	5.4	6.1	6.0
Pancreas	10.9	13.9	11.5	11.2
Prostate	10.9	13.9	11.5	11.2
Stomach	1.7	2.1	2.0	2.7
Thyroid	*	*	0.4	0.5
Uterus (Corpus & Uterus	*	*	0.4	0.5

Source: National Cancer Institute, 2025.
"*" indicates that data are suppressed.
Light grey shading indicates that rates were higher (worse) than the Maine average.
Dark grey shading indicates that rates were more than 50 percent higher than the Maine average.

Description

Exhibit 20B summarizes 2018-2022 cancer mortality rates for Rockingham County, Strafford County, New Hampshire, and the United States.

Observations

The health of populations can be measured by mortality indictors, which identify life spans and causes of death. Data in ***Exhibit 20B*** indicate the following:

- Rockingham County, Stafford County, and New Hampshire death rates from many cancers were higher than overall U.S. rates; and
- The Strafford County death rates from All Cancer Sites, Breast, Leukemia, and Oral Cavity & Pharynx were higher than Rockingham County, overall New Hampshire, overall U.S. rates.

Exhibit 21A: Maine Age-Adjusted Cancer Incidence Rates Per 100,000 Population, 2017-2021

Cancer Type	York	Maine	United States
All Cancer	482.9	476.9	444.4
Bladder	27.7	26.7	18.8
Breast	140.0	132.8	129.8
Breast (in situ)	30.2	27.6	29.3
Brain & ONS	8.6	7.3	6.3
Cervix	6.3	6.3	7.5
Childhood (Ages <15, All Sites)	23.8	20.8	16.8
Childhood (Ages <20)	25.2	23.0	18.4
Colon & Rectum	34.7	35.0	36.4
Esophagus	7.4	6.8	4.5
Kidney & Renal Pelvis	15.4	17.3	17.3
Leukemia	15.3	15.1	14.1
Liver & Bile Duct	7.1	6.5	8.6
Lung & Bronchus	66.4	67.3	53.1
Melanoma of the Skin	29.0	26.9	22.7
Non-Hodgkin Lymphoma	17.9	19.5	18.5
Oral Cavity & Pharynx	14.8	14.1	12.0
Ovary	9.7	8.5	10.1
Prostate	9.7	8.5	10.1
Pancreas	14.9	13.7	13.5
Stomach	5.6	5.8	6.3
Thyroid	11.1	14.4	12.9
Uterus (Corpus & Uterus)	32.0	31.4	27.8

Source: National Cancer Institute, 2025.
Light grey shading indicates that rates were higher (worse) than the Maine average.
Dark grey shading indicates that rates were more than 50 percent higher than the Maine average.

Description

Exhibit 21A summarizes 2017-2021 cancer incidence rates for York County, Maine, and the United States.

Observations

The health of populations can be measured by morbidity indictors, which identify the prevalence of diseases and/or medical conditions. Data in ***Exhibit 21A*** indicate the following:

- The York County and overall Maine incidence rates for esophagus cancer were more than 50 percent higher than the overall U.S. rate; and
- York County and overall Maine incidence rates for many cancers were higher than overall U.S. rates.

Exhibit 21B: New Hampshire Age-Adjusted Cancer Incidence Rates Per 100,000 Population, 2017-2021

Cancer Type	Rockingham	Strafford	New Hampshire	United States
All Cancer Sites	475.6	502.4	472.5	444.4
Bladder	27.7	29.5	26.1	18.8
Breast	141.7	148.1	139.6	129.8
Breast (in situ)	42.0	37.2	33.1	29.3
Brain & ONS	7.5	6.3	7.5	6.3
Cervix	4.0	5.1	5.2	7.5
Childhood (Ages <15, All Sites)	15.4	*	18.5	16.8
Childhood (Ages <20)	17.7	14.7	20.2	18.4
Colon & Rectum	35.2	36.7	34.2	36.4
Esophagus	7.0	7.0	6.2	4.5
Kidney & Renal Pelvis	16.4	17.2	17.1	17.3
Leukemia	13.6	16.7	13.8	14.1
Liver & Bile Duct	5.6	7.7	6.3	8.6
Lung & Bronchus	58.2	72.8	59.3	53.1
Melanoma of the Skin	30.5	22.7	29.9	22.7
Non-Hodgkin Lymphoma	20.2	22.0	20.1	18.5
Oral Cavity & Pharynx	12.6	13.5	12.6	12.0
Ovary	10.6	9.5	10.1	10.1
Pancreas	13.3	14.9	13.6	13.5
Prostate	13.3	14.9	13.6	13.5
Stomach	4.8	6.2	5.5	6.3
Thyroid	12.3	10.5	13.1	12.9
Uterus (Corpus & Uterus	12.3	10.5	13.1	12.9

Source: National Cancer Institute, 2025.
"*" indicates that data are suppressed.
Light grey shading indicates that rates were higher (worse) than the Maine average.
Dark grey shading indicates that rates were more than 50 percent higher than the Maine average.

Description

Exhibit 21B summarizes 2017-21 cancer incidence rates for Rockingham County, Strafford County, New Hampshire, and the United States.

Observations

The health of populations can be measured by morbidity indictors, which identify the prevalence of diseases and/or medical conditions. Data in ***Exhibit 21B*** indicate the following:

- The Rockingham County incidence rate for esophagus cancer was more than 50 percent higher than the overall U.S rate;
- The Strafford County incidence rates for bladder and esophagus cancers were more than 50 percent higher than the overall U.S. rates; and
- Rockingham, County, Strafford County, and New Hampshire incidence rates for many cancers were higher than overall U.S. rates.

Exhibit 22: Communicable Disease Incidence Rates per 100,000 Population, 2022, 2023

Measure	Year	Rockingham	Strafford	New Hampshire	York	Maine	United States
HIV diagnoses	2022	2.1	N/A	2.3	N/A	3.4	**13.3**
HIV prevalence	2022	53.0	74.0	113.4	148.6	146.1	**386.6**
Tuberculosis	2023	N/A	N/A	1.0	N/A	1.9	**2.9**
Chlamydia	2023	154.0	228.9	196.6	223.3	217.4	**492.2**
Gonorrhea	2023	31.8	36.0	41.9	37.1	44.4	**179.5**
Primary and Secondary Syphilis	2023	4.4	3.0	3.9	4.6	5.3	**15.8**
Early Non-Primary, Non-Secondary Syphilis	2023	0.6	-	1.9	2.7	2.1	**16.0**
Unknown Duration or Late Syphilis	2023	3.4	2.3	4.0	4.1	4.5	**29.5**

Source: Centers for Disease Control and Prevention, 2025.
N/A indicates data are suppressed.
Light grey shading indicates that rates were higher (worse) than the New Hampshire or Maine average.
Dark grey shading indicates that rates were more than 50 percent higher than the New Hampshire or Maine average.

Description

Exhibit 22 summarizes communicable disease incidence rates for Rockingham County, Strafford County, New Hampshire, York County, Maine, and the U.S.

Observations

The health of populations can be measured by morbidity indictors, which identify the prevalence of diseases and/or medical conditions. Rates of selected reportable and infectious diseases can identify specific diseases and conditions prevalent in the community. Data in ***Exhibit 22*** indicate the following:

- The Rockingham County incidence rate for primary and secondary syphilis is higher than the New Hampshire rate;
- The Strafford County incidence rate for chlamydia is higher than the overall New Hampshire rate;
- The York County incidence rate for chlamydia is higher than the overall Maine rate; and
- No incidence rate is higher than the overall U.S. rate for Rockingham County, Strafford County, York County, New Hampshire, and Maine.

Exhibit 23: Maternal and Infant Health Indicators

Indicator	Year(s)	Rockingham	Strafford	New Hampshire	York	Maine	United States
Teen births (15-19 years) (per 1,000)	2021-2023	2.1	3.3	4.8	6.0	7.7	13.5
Births to unmarried women (18-54 years)	2018-2020	20.4%	31.3%	29.7%	31.4%	36.6%	40.1%
Births to women aged 40-49	2018-2020	4.1%	3.6%	3.8%	3.3%	3.5%	3.9%
Births to women aged 15-19	2018-2020	0.6%	1.5%	1.6%	1.8%	2.5%	4.0%
Infant deaths [per 1,000 live births]	2017-2019	2.4	N/A	4.0	N/A	5.9	5.5
Low birth weight deliveries	2018-2020	6.6%	7.2%	6.8%	7.5%	7.8%	8.6%
Very low birth weight deliveries	2018-2020	0.8%	1.1%	0.9%	0.9%	1.1%	1.4%
Preterm births	2018-2020	8.4%	8.4%	8.3%	9.2%	9.5%	10.4%
< 32 weeks gestation	2018-2020	1.0%	1.3%	1.0%	1.2%	1.3%	1.6%
32-33 weeks gestation	2018-2020	1.1%	1.2%	1.1%	0.9%	1.1%	1.2%
34-36 weeks gestation	2018-2020	6.4%	5.8%	6.2%	7.1%	7.1%	7.6%

Sources: Centers for Disease Control and Prevention, 2025, and Verité analysis of these data.
N/A indicates data are suppressed
Light grey shading indicates that rates were higher (worse) than the New Hampshire or Maine average.
Dark grey shading indicates that rates were more than 50 percent higher than the New Hampshire or Maine average.

Description

Exhibit 23 presents indicators for maternal and infant health for Rockingham County, Strafford County, New Hampshire, York County, Maine, and the United States.

Observations

The health of populations can be measured by conditions prevalent in the community. Maternal, infant, and young child health indicators can identify conditions in the community that negatively impact the health of pregnant women and can potentially impact the future needs of children. Data in ***Exhibit 23*** indicate the following:

- The Rockingham County percentage of births to women over 40 was higher than the overall U.S. rate;
- The Strafford County percentage of births with 32-33 weeks gestation was higher than the overall U.S rate;
- The York County percentage preterm births with 34-36 weeks gestation was higher than the overall U.S. rate;
- The Maine rate of infant deaths per 1,000 live births was higher than the overall U.S rate; and
- No New Hampshire indicator rate or percentage was higher than the overall U.S. rate or percentage.

Exhibit 24A: Behavioral Risk Factor Surveillance System, 2023
Alcohol Consumption

Topic	Indicator	Rockingham County - Strafford County, (NH)	New Hampshire	Portland - South Portland, (ME)	Maine	All States and DC
Alcohol Consumption						
Alcohol Consumption	Adults who have had at least one drink of alcohol within the past 30 days	64.4%	60.8%	62.0%	55.5%	52.8%
Binge Drinking	Binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	16.7%	17.2%	15.5%	15.0%	15.2%
Heavy Drinking	Heavy drinkers (adult men having more than 14 drinks per week and adult women having more than 7 drinks per week)	6.9%	9.3%	7.7%	8.2%	6.1%

Source: Centers for Disease Control and Prevention, 2025.
Light grey shading indicates that rates were higher (worse) than the U.S. average.
Dark grey shading indicates that rates were more than 50 percent higher than the U.S. average.

Description

The Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) gathers data through a telephone survey regarding health risk behaviors, healthcare access, and preventive health measures. Data are collected for the entire United States. Analysis of BRFSS data can identify localized health issues, trends, and health disparities, and can enable county, state, or nation-wide comparisons. ***Exhibit 24A*** presents BRFSS indicators for alcohol consumption for Rockingham County-Strafford County (NH) Metropolitan Division, New Hampshire, the Portland-South Portland (ME) Metropolitan Statistical Area, Maine, and the United States (the median of all States and DC).

Observations

Alcohol consumption can impair driving, leading to injuries and death from motor vehicle crashes. Data in ***Exhibit 24A*** indicate the following:

- Rockingham County - Strafford County residents report higher percentages of alcohol consumption, binge drinking, and heavy drinking than overall U.S. residents; and
- Portland - South Portland, (ME) report higher percentages of alcohol consumption, binge drinking, and heavy drinking than overall U.S. residents.

Exhibit 24B: Behavioral Risk Factor Surveillance System, 2023
Chronic Health Indicators

Topic	Indicator	Rockingham County - Strafford County, (NH)	New Hampshire	Portland - South Portland, (ME)	Maine	All States and DC
Chronic Health Indicators						
Arthritis	Adults who have been told they have arthritis	25.8%	28.8%	28.6%	32.7%	26.3%
Asthma	Adults who have been told they currently have asthma	10.6%	12.9%	11.8%	12.9%	10.3%
	Adults who have ever been told they have asthma	16.5%	17.9%	17.5%	18.3%	15.7%
COPD	Adults who have ever been told they have COPD	6.6%	7.2%	7.2%	8.6%	6.4%
Depression	Adults who have ever been told they have a form of depression	21.0%	25.2%	22.0%	25.8%	22.0%
Diabetes	Adults who have ever been told by a doctor that they have diabetes	8.9%	9.2%	9.8%	11.4%	11.5%
Cardiovascular Disease	Adults who have ever been told they had a heart attack (myocardial infarction)	3.2%	4.3%	3.7%	5.4%	4.2%
	Adults who have ever been told they had a stroke	2.6%	3.7%	2.7%	4.1%	3.3%
	Adults who have ever been told they had coronary heart disease	3.1%	4.4%	3.5%	4.9%	4.0%
	Adults who have ever been told they had angina or coronary heart disease	4.9%	6.5%	5.6%	8.0%	6.3%
Kidney	Adults who have ever been told they have kidney disease	2.9%	3.9%	2.9%	3.9%	3.7%
Other Cancer	Adults who have ever been told they had any other types of cancer	9.3%	11.0%	10.2%	10.4%	8.4%
Skin Cancer	Adults who have ever been told they had skin cancer	6.6%	7.1%	6.5%	6.7%	5.6%

Source: Centers for Disease Control and Prevention, 2025.
Light grey shading indicates that rates were higher (worse) than the U.S. average.
Dark grey shading indicates that rates were more than 50 percent higher than the U.S. average.

Description. ***Exhibit 24B*** presents BRFSS indicators for chronic health indicators.

Observations. The health of populations can be measured by morbidity indictors, which identify the prevalence of diseases and/or medical conditions. Data in ***Exhibit 24B*** indicate:

- Rockingham County - Strafford County residents report higher percentages of asthma, COPD, other cancer, and skin cancer than overall U.S. residents; and
- Portland - South Portland, (ME) residents report higher percentages of arthritis, asthma, COPD, other cancer, and skin cancer than overall U.S. residents.

Exhibit 24C: Behavioral Risk Factor Surveillance System, 2023
Cholesterol Awareness, HIV-AIDS, and Hypertension Awareness

Topic	Indicator	Rockingham County - Strafford County, (NH)	New Hampshire	Portland - South Portland, (ME)	Maine	All States and DC
Cholesterol Awareness						
Cholesterol Checked	Adults who have never had their blood cholesterol checked	4.7%	7.1%	6.1%	8.0%	9.4%
	Adults who have not had their blood cholesterol checked in the last five years	4.3%	3.8%	4.2%	4.0%	3.7%
Cholesterol High	Adults who have had their blood cholesterol checked and told it was high	38.1%	34.5%	35.8%	38.3%	36.9%
HIV-AIDS						
HIV Test	Adults who have not been tested for HIV	33.6%	40.8%	34.1%	37.5%	37.5%
Hypertension Awareness						
High Blood Pressure	Adults who have been told they have high blood pressure	34.7%	33.4%	33.3%	35.8%	34.0%

Source: Centers for Disease Control and Prevention, 2025.
Light grey shading indicates that rates were higher (worse) than the U.S. average.
Dark grey shading indicates that rates were more than 50 percent higher than the U.S. average.

Description

Exhibit 24C presents BRFSS indicators for Cholesterol Awareness, HIV-AIDS, and Hypertension Awareness.

Observations

Awareness of health conditions can inform both access to care of residents and the likelihood that residents will utilize available health care services. Data in ***Exhibit 24C*** indicate the following:

- Rockingham County - Strafford County residents report higher percentages of untested blood cholesterol, high blood cholesterol tests, and high blood pressure than overall U.S. residents; and
- Portland - South Portland, (ME) residents report higher percentages of untested blood cholesterol than overall U.S. residents.

Exhibit 24D: Behavioral Risk Factor Surveillance System, 2023
Demographics, Health Care Access / Coverage, and Health Status

Topic	Indicator	Rockingham County - Strafford County, (NH)	New Hampshire	Portland - South Portland, (ME)	Maine	All States and DC
Demographics						
Disability status	Adults who are blind or have serious difficulty seeing, even when wearing glasses	2.5%	3.1%	3.6%	4.4%	4.9%
	Adults who report having difficulty doing errands alone	6.6%	7.7%	7.4%	8.9%	7.8%
	Adults who report having difficulty dressing or bathing	2.1%	3.4%	2.9%	4.0%	3.6%
	Adults who report having serious difficulty concentrating, remembering, or making decisions	11.2%	14.8%	12.3%	15.7%	13.7%
	Adults who report having serious difficulty walking or climbing stairs	10.4%	11.5%	12.1%	14.3%	13.2%
Hearing	Adults who are deaf	7.6%	7.4%	8.0%	8.8%	7.4%
Health Care Access/Coverage						
Under 65 Coverage	Adults aged 18-64 without any kind of healthcare coverage	4.5%	6.0%	5.3%	8.2%	9.2%
Health Care Coverage	Adults without any kind of health care coverage	3.4%	4.4%	4.0%	5.9%	7.2%
Health Care Cost	Adults who reported delaying a doctor visit in the past 12 months due to cost	7.8%	8.6%	7.7%	8.7%	10.6%
Health Status						
Fair or Poor Health	Adults reporting fair or poor health	13.0%	16.0%	14.9%	19.0%	18.2%

Source: Centers for Disease Control and Prevention, 2025.
Light grey shading indicates that rates were higher (worse) than the U.S. average.
Dark grey shading indicates that rates were more than 50 percent higher than the U.S. average.

Description

Exhibit 24D presents BRFSS indicators for Demographics, Health Care Access / Coverage, and Health Status.

Observations

Disability can impact quality of life. Lack of insurance and the cost of medical services are primary barriers to healthcare access. Data in ***Exhibit 24D*** indicate the following:

- Rockingham County - Strafford County residents and Portland - South Portland, (ME) residents report higher percentages of deafness than overall U.S. residents.

Exhibit 24E: Behavioral Risk Factor Surveillance System, 2023
Immunizations and Injury

Topic	Indicator	Rockingham County - Strafford County, (NH)	New Hampshire	Portland - South Portland, (ME)	Maine	All States and DC
Immunization						
Flu Shot	Adults aged 65+ who have not had a flu shot within the past year	28.1%	27.1%	29.7%	31.0%	36.6%
Pneumonia Vaccination	Adults aged 65+ who have never had a pneumonia vaccination	24.1%	23.9%	25.2%	25.4%	28.1%
Injury						
Drink and Drive	Adults who reported driving after drinking too much	0.0%	2.4%	2.2%	2.2%	3.0%
Seatbelt Use	Adults who do not always or nearly always wear a seat belt	10.8%	5.1%	13.5%	6.9%	5.9%

Source: Centers for Disease Control and Prevention, 2025.
Light grey shading indicates that rates were higher (worse) than the U.S. average.
Dark grey shading indicates that rates were more than 50 percent higher than the U.S. average.

Description
Exhibit 24E presents BRFSS indicators for Immunization and Injury for Rockingham County-Strafford County (NH) Metropolitan Division, New Hampshire, the Portland-South Portland (ME) Metropolitan Statistical Area, Maine, and the United States (the median of all States and DC).

Observations
A safe environment supports community health by helping to prevent vaccine-preventable disease and to prevent injury. Data in ***Exhibit 24E*** indicate the following:

- Rockingham County - Strafford County residents and Portland - South Portland, (ME) residents report more than 50 percent higher percentages of not wearing a seatbelt than overall U.S. residents.

Exhibit 24F: Behavioral Risk Factor Surveillance System, 2023
Overweight / Obesity (BMI) and Physical Activity

Topic	Indicator	Rockingham County - Strafford County, (NH)	New Hampshire	Portland - South Portland, (ME)	Maine	All States and DC
Overweight and Obesity (BMI)						
BMI Categories	Adults who are obese (BMI 30.0 - 99.8)	31.5%	28.5%	32.8%	32.6%	34.3%
	Adults who are overweight (BMI 25.0 - 29.9)	34.5%	36.0%	35.6%	35.3%	34.4%
Physical Activity						
Strength Activity	Adults who did not participate in muscle strengthening activities two or more times per week	55.2%	59.5%	56.6%	61.1%	58.8%
Exercise	Adults who did not participate in physical activities during the past month	20.1%	18.2%	21.2%	22.6%	24.2%
Aerobic Activity	Adults who did not participate in 150 minutes or more of aerobic physical activity per week	34.3%	30.5%	36.7%	33.9%	40.1%
Physical Activity Index	Adults who did not participate in enough aerobic and muscle strengthening exercises to meet guidelines	64.1%	67.4%	66.9%	69.0%	69.6%

Source: Centers for Disease Control and Prevention, 2025.
Light grey shading indicates that rates were higher (worse) than the U.S. average.
Dark grey shading indicates that rates were more than 50 percent higher than the U.S. average.

Description

Exhibit 24F presents BRFSS indicators for Overweight / Obesity (BMI) and Physical Activity.

Observations

Healthy weight and physical activity are correlated with overall good health. Data in ***Exhibit 24F*** indicate the following:

- Rockingham County - Strafford County residents and Portland - South Portland, (ME) residents report higher percentages of overweight status than overall U.S. residents.

Exhibit 24G: Behavioral Risk Factor Surveillance System, 2023
Tobacco and E-Cigarette Use

Topic	Indicator	Rockingham County - Strafford County, (NH)	New Hampshire	Portland - South Portland, (ME)	Maine	All States and DC
Tobacco Use						
Current Smoker Status	Adults who are current smokers	8.7%	11.1%	10.4%	14.0%	12.1%
Smokeless Tobacco	Adults who use chewing tobacco, snuff, or snus everyday	0.0%	0.0%	0.7%	1.0%	1.9%
	Adults who use chewing tobacco, snuff, or snus some days	0.0%	1.0%	0.8%	1.0%	1.5%
Smoker Status	Adults who are former smokers	29.5%	30.3%	29.4%	31.1%	24.9%
	Adults who smoke everyday	5.9%	7.8%	7.7%	10.7%	8.4%
	Adults who smoke some days	2.8%	3.3%	2.7%	3.2%	3.5%
E-Cigarette Use						
E-Cigarette Use	Adults who are current e-cigarette users	6.5%	5.4%	6.7%	5.3%	7.7%
	Adults who use e-cigarettes or other electronic vaping products everyday	2.9%	3.3%	3.2%	3.3%	3.7%
	Adults who use e-cigarettes or other electronic vaping products some days	3.6%	2.1%	3.5%	2.0%	3.8%
	Adults who are former users of e-cigarettes or other electronic vaping products	17.9%	17.3%	18.5%	17.5%	19.4%

Source: Centers for Disease Control and Prevention, 2025.
Light grey shading indicates that rates were higher (worse) than the U.S. average.
Dark grey shading indicates that rates were more than 50 percent higher than the U.S. average.

Description
Exhibit 24G presents BRFSS indicators for Tobacco Use and E-Cigarette Use.

Observations
Health behaviors contribute markedly to leading causes of death, disability, and social problems. Early detection of cancer improves health outcomes. Tobacco use and E-Cigarette use, especially, can have a negative impact on health. Data in ***Exhibit 24G*** indicate the following:

- Rockingham County - Strafford County residents and Portland - South Portland, (ME) residents report higher percentages of former smoker status than overall U.S. residents.

Exhibit 25A: Strafford County Youth Risk Behavior Survey, 2023

Indicator	Time Period	Strafford County				New Hampshire			
		Total	10th Grade	Male	Female	Total	10th Grade	Male	Female
Has driven a vehicle when had been drinking alcohol	Month	4.9%	N/A	7.0%	2.5%	4.3%	3.6%	5.7%	2.9%
Drank alcohol in the past 30 days	Month	22.1%	16.6%	19.8%	23.8%	23.1%	20.2%	20.4%	25.8%
Has ridden in a car driven by someone who had been drinking	Month	14.6%	14.0%	14.8%	14.6%	15.6%	17.0%	13.4%	17.9%
Has ridden in a car driven by someone who had using marijuana	Month	20.6%	15.0%	22.0%	19.1%	18.6%	17.1%	17.3%	19.7%
Text or email while driving a vehicle	Month	47.1%	19.3%	47.4%	46.4%	46.7%	25.5%	45.7%	48.0%
Physically forced to have sexual intercourse when did not want to	Ever	11.2%	11.7%	7.3%	15.5%	9.9%	9.8%	5.5%	14.3%
Did not go to school because felt unsafe at school or on way to school	Month	10.3%	12.5%	7.2%	13.7%	10.3%	10.9%	7.9%	12.5%
Have been bullied on school property	Year	26.9%	28.0%	19.7%	33.7%	24.2%	24.5%	20.3%	27.8%
Have been electronically bullied	Year	24.2%	25.2%	18.2%	30.2%	21.5%	22.6%	15.9%	27.0%
Feel sad or hopeless almost every day for two weeks or more in a row	Year	43.4%	41.3%	31.9%	55.7%	39.6%	39.7%	28.2%	51.1%
Seriously consider attempting suicide	Year	26.5%	24.7%	20.4%	33.0%	21.3%	21.3%	15.8%	26.5%
Attempted suicide	Year	10.9%	11.4%	9.8%	11.7%	8.5%	9.3%	6.5%	10.3%
Smoke cigarettes or use electronic vapor products currently	Month	18.4%	15.1%	16.4%	20.5%	16.6%	16.3%	14.9%	18.3%
Smoked cigarettes in the past 30 days	Month	3.5%	N/A	3.9%	3.2%	3.9%	4.0%	4.6%	3.2%
Used electronic vapor products frequently	Currently	10.2%	5.3%	9.5%	11.0%	7.6%	7.3%	6.7%	8.5%
Used marijuana in the past 30 days	Month	21.9%	17.2%	21.3%	22.2%	19.8%	18.9%	19.0%	20.5%
Ever used heroin	Ever	1.6%	1.0%	2.7%	0.3%	2.2%	2.4%	3.1%	1.2%
Ever used methamphetamines	Ever	2.0%	1.4%	3.1%	0.6%	2.3%	2.5%	2.9%	1.5%
Ever used prescription drugs without a prescription	Ever	9.3%	6.3%	7.9%	10.6%	8.9%	9.1%	7.4%	10.1%
Ever used synthetic marijuana	Ever	8.6%	7.1%	8.5%	9.0%	9.6%	9.1%	9.8%	9.5%
Ever had sexual intercourse	Ever	35.3%	25.8%	36.3%	34.2%	34.2%	29.0%	34.3%	34.1%
Spent three or more hours per day on screen time	Currently	81.0%	82.1%	78.2%	84.0%	77.6%	78.4%	75.9%	79.4%
Had obesity	Currently	14.6%	15.1%	17.0%	11.7%	12.5%	13.5%	15.1%	9.6%
Were overweight	Currently	15.0%	11.3%	14.4%	15.7%	13.3%	12.3%	13.4%	13.1%
Never saw a dentist	Ever	1.5%	1.5%	2.2%	0.7%	1.6%	1.9%	2.0%	1.1%
Told by doctor or nurse they had asthma	Ever	20.0%	19.5%	21.1%	19.0%	21.4%	23.0%	21.5%	21.2%
Currently have asthma	Currently	14.7%	13.0%	16.3%	13.4%	13.8%	14.3%	12.8%	14.7%
Mental health was most of the time or always not good	Currently	38.5%	40.2%	26.9%	50.7%	32.7%	33.2%	22.1%	43.3%
Unstable housing	Month	2.3%	1.5%	3.2%	1.4%	2.2%	2.3%	3.0%	1.3%
Went hungry because there was not enough food in their home	Month	2.0%	1.4%	2.5%	1.4%	1.8%	1.8%	2.0%	1.6%
Lived with someone who was having a problem with alcohol/drug use	Ever	37.5%	37.5%	33.3%	41.8%	33.6%	35.4%	29.0%	37.9%
Comfortable seeking help from one or more adults besides parent	Currently	82.8%	86.2%	81.2%	84.7%	82.6%	81.3%	81.1%	84.1%

Source: New Hampshire Department of Health and Human Services.

* Light grey shading indicates that rates were higher (worse) than the New Hampshire average for the corresponding youth cohort.
Dark grey shading indicates that rates were more than 50 percent higher than the New Hampshire average for the corresponding youth cohort.

Description

Exhibit 25A presents indicators from the New Hampshire Youth Risk Behavior Survey ("YRBS"). The YRBS was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include the following:

- Behaviors that contribute to unintentional injuries and violence;
- Sexual behaviors related to unintended pregnancy and sexually transmitted infections, including HIV infection;
- Alcohol and other drug use;
- Tobacco use;
- Unhealthy dietary behaviors; and
- Inadequate physical activity.

YRBS data were assessed for Strafford County and New Hampshire overall.

Observations

Results from the YRBS can help identify issues in children, youth, and young adults. Data in ***Exhibit 25A*** indicate the following:

- The reported percentage of behavior in each Strafford County youth cohort presented was higher than the reported percentage for the corresponding New Hampshire cohort for the following indicators:
    - Physically forced to have sexual intercourse when did not want to,
    - Have been electronically bullied,
    - Feel sad or hopeless almost every day for two weeks or more in a row,
    - Seriously consider attempting suicide,
    - Attempted suicide,
    - Spent three or more hours per day on screen time,
    - Had obesity,
    - Mental health was most of the time or always not good, and
    - Lived with someone who was having a problem with alcohol or drug use;
- The percentage of Male Strafford County youths reporting a suicide attempt in the past year was more than 50 percent higher than the percentage of Male New Hampshire youths;
- The percentages of numerous indicators reported by individual youth cohorts were higher than the corresponding New Hampshire cohort.

Exhibit 25B: York County Maine Integrated Youth Health Survey, 2023

Indicator	Time Period	York County				Maine			
		Total	Grade 10	Male	Female	Total	Grade 10	Male	Female
Has driven a vehicle when had been drinking alcohol	Month	11.7%	11.7%	17.8%	6.6%	13.0%	12.9%	17.6%	8.5%
Has driven a vehicle when had been using marijuana	Month	10.3%	6.1%	11.0%	9.6%	9.7%	5.7%	10.1%	9.1%
Drank alcohol in the past 30 days	Month	21.3%	17.7%	18.7%	24.5%	20.5%	17.4%	18.5%	22.8%
Has ridden in a car driven by someone who had been drinking	Month	11.5%	14.2%	11.0%	11.9%	12.8%	13.2%	11.6%	14.1%
Has ridden in a car driven by someone who had using marijuana	Month	16.5%	16.5%	15.3%	18.1%	17.9%	17.4%	16.6%	19.1%
Text or email while driving a vehicle	Month	N/A	N/A	N/A	N/A	43.6%	21.0%	42.3%	45.6%
Physically forced to have sexual intercourse when did not want to	Ever	14.3%	13.0%	7.0%	21.8%	15.2%	13.4%	7.0%	23.8%
Did not go to school because felt unsafe at school or on way to school	Month	10.6%	10.0%	8.0%	13.3%	9.5%	9.0%	7.0%	12.1%
Have been bullied on school property	Year	21.4%	23.4%	17.9%	24.8%	21.9%	23.9%	17.4%	26.5%
Have been electronically bullied	Year	20.3%	20.3%	15.4%	25.5%	20.0%	20.2%	14.5%	25.8%
Feel sad or hopeless almost every day for two weeks or more in a row	Year	35.2%	36.1%	24.8%	45.9%	35.0%	34.6%	24.2%	46.0%
Seriously consider attempting suicide	Year	18.0%	18.3%	12.7%	23.3%	17.8%	17.5%	13.0%	22.6%
Attempted suicide	Year	7.4%	8.4%	6.3%	8.3%	8.1%	7.7%	6.2%	10.1%
Smoked cigarettes in the past 30 days	Month	4.8%	5.2%	5.4%	4.0%	5.6%	4.8%	6.3%	4.7%
Used electronic vapor products	Month	15.5%	14.6%	13.7%	17.6%	15.6%	14.3%	13.6%	17.7%
Used marijuana in the past 30 days	Month	18.9%	15.3%	16.9%	20.8%	18.7%	16.2%	17.5%	20.0%
Ever used cocaine		2.2%	2.3%	2.9%	1.5%	2.8%	2.5%	3.7%	1.7%
Ever used heroin	Ever	1.5%	1.6%	2.3%	0.7%	1.8%	1.7%	2.6%	0.9%
Ever used methamphetamines	Ever	1.7%	1.6%	2.8%	0.5%	2.0%	1.6%	2.9%	0.9%
Ever used prescription drugs without a prescription	Ever	5.2%	5.1%	6.2%	4.2%	5.2%	5.1%	5.7%	4.7%
Ever used ecstasy, MDMA, or Molly	Ever	2.4%	2.1%	3.5%	1.1%	2.6%	2.3%	3.5%	1.5%
Ever used hallucinogenic drugs	Ever	7.5%	5.5%	7.9%	6.9%	7.5%	7.0%	8.5%	6.4%
Ever had sexual intercourse	Ever	33.8%	28.3%	32.1%	35.4%	35.0%	28.2%	34.5%	35.6%
Spent three or more hours per day on screen time	Currently	75.8%	77.1%	75.0%	76.6%	77.1%	77.2%	76.4%	77.8%
Had obesity	Currently	12.6%	14.3%	16.0%	8.6%	15.7%	16.4%	18.7%	12.3%
Were overweight	Currently	14.9%	16.3%	15.5%	14.3%	16.0%	16.5%	16.7%	15.1%
Saw a dentist	Year	83.5%	86.8%	83.9%	82.9%	80.9%	82.9%	80.2%	81.6%
Told by doctor or nurse they had asthma	Ever	17.7%	18.8%	17.7%	17.7%	19.6%	19.0%	18.8%	20.3%
Currently have asthma	Currently	9.9%	11.9%	9.3%	10.6%	11.3%	11.0%	9.4%	13.2%
Mental health was most of the time or always not good	Month	33.2%	34.0%	22.6%	44.2%	33.8%	33.2%	22.4%	45.4%
Unstable housing	Month	2.1%	2.3%	2.2%	1.9%	2.6%	2.0%	2.8%	2.5%
Went hungry because there was not enough food in their home	Month	3.5%	2.7%	3.2%	3.9%	3.5%	3.0%	3.5%	3.5%
Lived with someone who was having a problem with alcohol/drug use	Ever	31.8%	32.9%	27.2%	36.4%	34.9%	35.3%	30.5%	39.3%
Comfortable seeking help from one or more adults besides parent	Currently	56.9%	57.9%	55.5%	58.8%	54.1%	54.5%	52.7%	55.9%

Source: Maine Department of Health and Human Services.
* Light grey shading indicates that rates were higher (worse) than the Maine average.
Dark grey shading indicates that rates were more than 50 percent higher than the Maine average.

Description
Exhibit 25B presents indicators from the Maine Integrated Youth Health Survey ("MIYHS"). The MIYHS was first administered in 2009. The MIYHS is used to assess the health, attitudes, and behaviors of children, youth, and young adults. MIYHS results can be compared to YRBS results.

Observations
Results from the MIYHS can help identify issues in children, youth, and young adults. Data in ***Exhibit 25B*** indicate the following:

- The reported percentage of behavior in each York County youth cohort presented was higher than the reported percentage for the corresponding Maine cohort for the following indicators:
    - Has driven a vehicle when had been using marijuana,
    - Drank alcohol in the past 30 days, and
    - Did not go to school because felt unsafe at school or on way to school; and
- The percentages of numerous indicators reported by individual youth cohorts were higher than the corresponding Maine cohort.

Area Deprivation Index and Food Deserts

Area Deprivation Index

Exhibit 26: Median and Range of Area Deprivation Index by ZIP Code, 2023

City/Town	ZIP Code	County (State)	Min ADI	Max ADI	Median ADI
Primary Service Area					
Barrington	03825	Strafford (NH)	22	43	32
Berwick	03901	York (ME)	35	48	36
Dover	03820	Strafford (NH)	19	55	32
Durham	03824	Strafford (NH)	19	30	30
Lee	03861	Strafford (NH)	19	34	23
Madbury	03823	Strafford (NH)	22	38	22
Newington / Portsmouth	03801	Rockingham (NH)	5	61	15
Rochester	03839	Strafford (NH)	26	55	44
Rochester	03867	Strafford (NH)	28	75	55
Rochester	03868	Strafford (NH)	42	72	61
Rollinsford	03869	Strafford (NH)	37	54	42
Somersworth	03878	Strafford (NH)	28	63	46
South Berwick	03908	York (ME)	24	48	38
Secondary Service Area					
Brookfield	03872	Carroll (NH)	19	49	48
Eliot	03903	York (ME)	24	29	29
Farmington	03835	Strafford (NH)	32	70	70
Kittery	03904	York (ME)	22	38	37
Kittery Point	03905	York (ME)	16	34	23
Lebanon	04027	York (ME)	42	43	42
Middleton	03887	Strafford (NH)	46	48	48
Milton	03851	Strafford (NH)	38	50	50
Milton Mills	03852	Strafford (NH)	38	38	38
Newmarket	03857	Rockingham (NH)	22	45	40
North Berwick	03906	York (ME)	24	57	57
Nottingham	03290	Rockingham (NH)	24	38	24
Wakefield	03830	Carroll (NH)	36	49	49

Source: University of Wisconsin School of Medicine and Public Health. Area Deprivation Index, 2025.

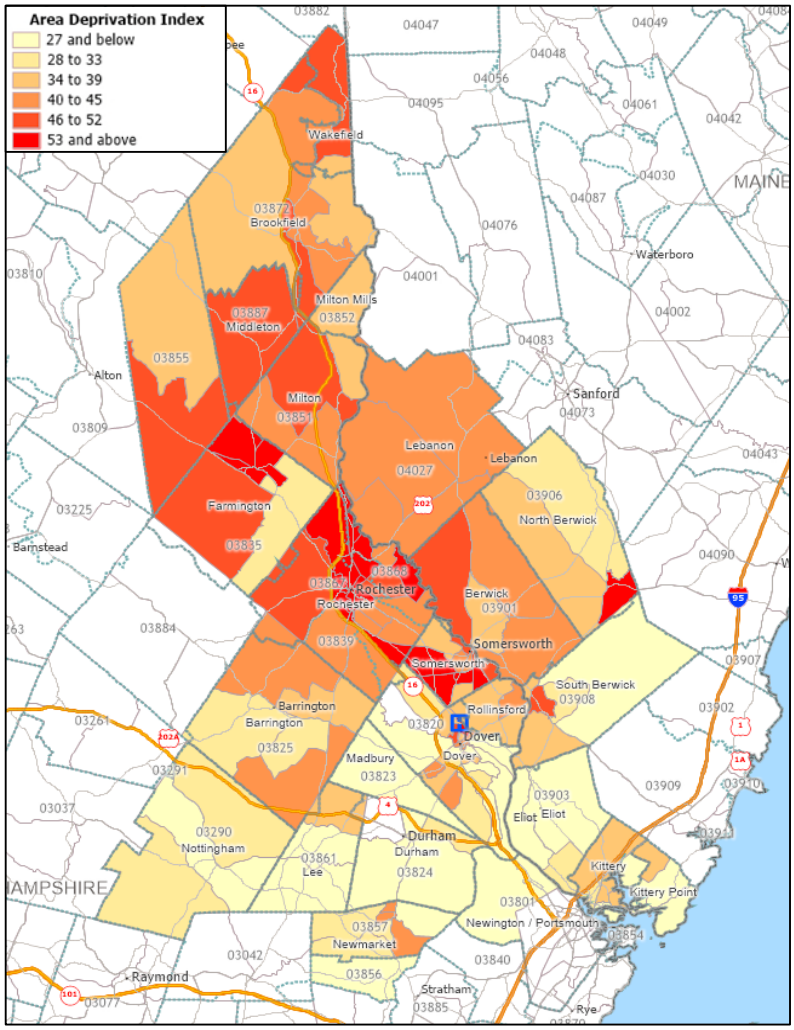
Description

Exhibit 26 presents the University of Wisconsin, School of Medicine and Public Health, Center for Health Disparities Research's Area Deprivation Index (ADI). The ADI ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality. ADIs are calculated for ZIP+4 in national percentile rankings from 1 to 100. A block group ranking of 1 indicates the lowest level of disadvantage within the nation and an ADI ranking of 100 indicates the highest level of disadvantage.

Observations

Data in ***Exhibit 26*** indicate that ZIP Codes throughout the community have, on average, moderate levels of disadvantage, although the median ZIP+4 ADI for Farmington ZIP Code 03835 is moderately high. Levels of disadvantage vary throughout the community, with the lowest level within Newington Portsmouth ZIP Code 03801 and the highest level in Rochester ZIP Code 03867.

Exhibit 27: Area Deprivation Index, 2023



Source: University of Wisconsin School of Medicine and Public Health. Area Deprivation Index, 2025 and Caliper Maptitude, 2025.
Note: National ADI rankings range from 1 to 100; the map's scale is intended to highlight the range of ADIs within the WDH community.

Description

Exhibit 27 presents the University of Wisconsin, School of Medicine and Public Health, Center for Health Disparities Research's Area Deprivation Index (ADI). The ADI ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality.

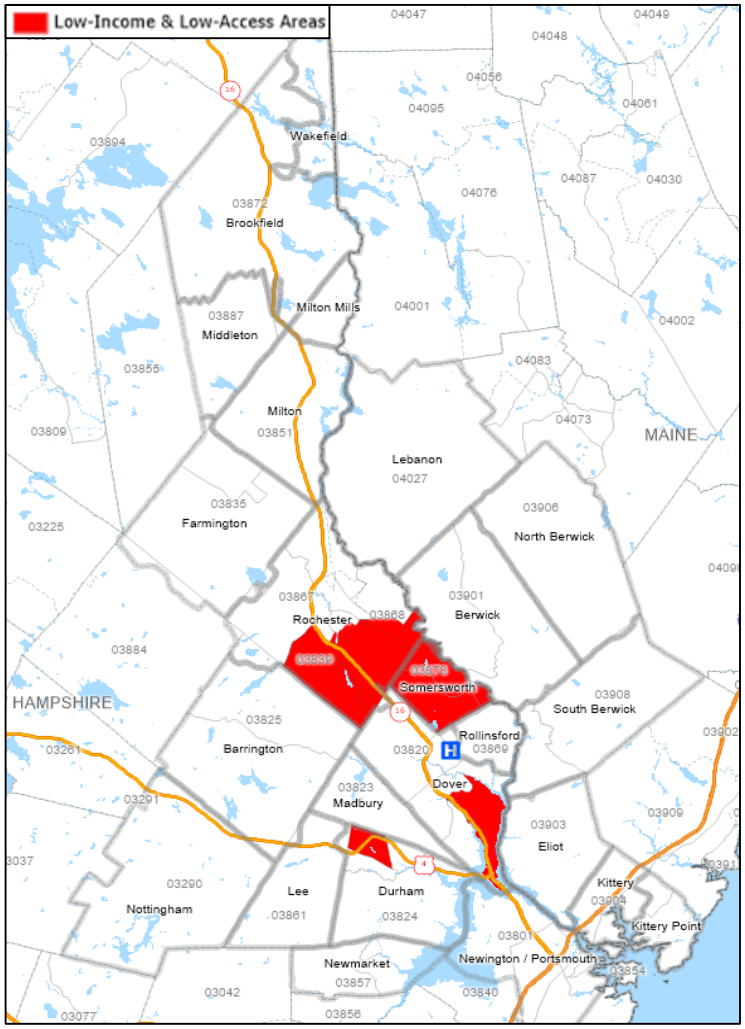
ADIs are calculated for census block groups in national percentile rankings from 1 to 100. A block group ranking of 1 indicates the lowest level of disadvantage within the nation and an ADI ranking of 100 indicates the highest level of disadvantage.

Observations

Data in ***Exhibit 27*** indicate census blocks throughout the WDH community have moderately high levels of socioeconomic disadvantage. These census blocks are concentrated in northern tracts of the WDH community.

Food Deserts

Exhibit 28: Food Deserts



Source: Caliper Maptitude and U.S. Department of Agriculture, 2025.

Description

Exhibit 28 maps census tracts identified as low-income with low access to health and affordable food, also referred to as "food deserts," by the Economic Research Service of the U.S. Department of Agriculture (USDA). The USDA estimates the number of people in each census tract that live in a "food desert," an area with "limited access to supermarkets, supercenters, grocery stores, or other sources of healthy and affordable food." Food deserts in ***Exhibit 28*** are defined as a "low income and low access tract measured at 1 mile for urban areas and 10 miles for rural areas."

Observations

Data in ***Exhibit 28*** indicate that Somersworth and parts of Dover, Durham, and Rochester have been designated as food deserts.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an "Index of Medical Underservice." The index includes variables for the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.[13] Areas with a score of 62 or less are considered "medically underserved."

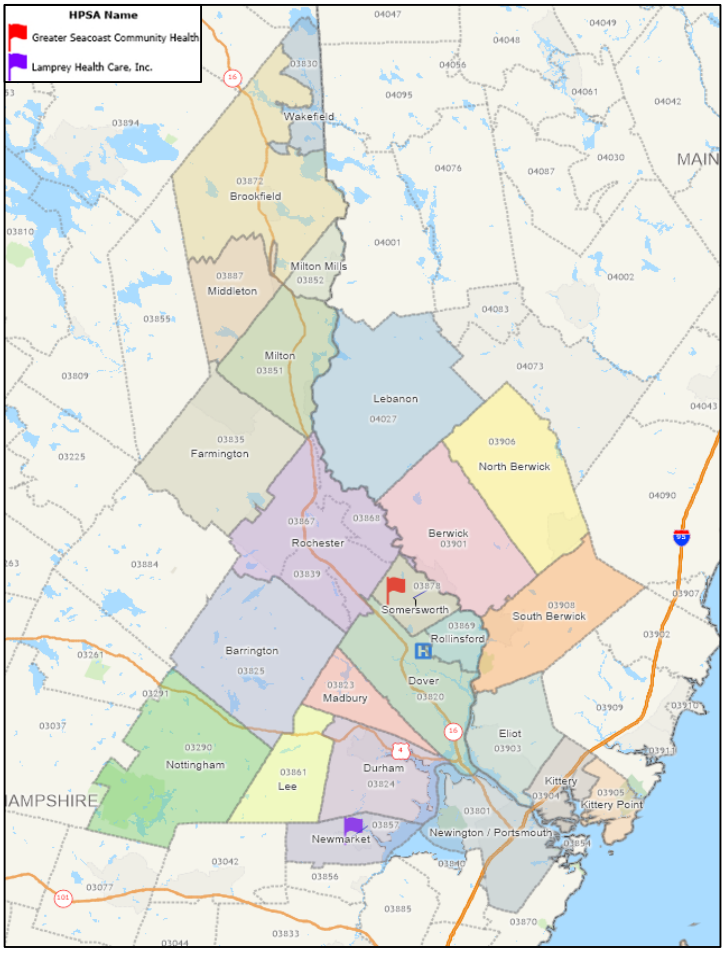
Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides."[14]

Strafford County is designated as a Medically Underserved Area.

[13] Heath Resources and Services Administration. See http://www.hrsa.gov/shortage/mua/index.html
[14] *Ibid.*

Health Professional Shortage Areas

Exhibit 29: HPSA Designated Comprehensive Health Centers



Source: Caliper Maptitude and Health Resources and Services Administration, 2025.

Description

Exhibit 29 illustrates sites in the WDH community that are designated as Health Professional Shortage Areas ("HPSAs"). A geographic area or population can receive a federal HPSA designation if a shortage of primary care, dental care, or mental health care professionals is found to be present. A health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

Observations

Data in ***Exhibit 29*** illustrate two sites of community Federally Qualified Health Centers ("FQHCs") designed as HPSAs. These FQHCs and their addresses are listed below.

Site Name	Address	City	State	ZIP Code
Lamprey Health Care, Inc.	207 S Main St	Newmarket	NH	03857
Greater Seacoast Community Health	311 Route 108	Somersworth	NH	03878

Description of Other Facilities and Resources within the Community

Federally Qualified Health Centers

Exhibit 30: Federally Qualified Health Centers

Facility	Address	City / Town	ZIP Code	County	State
Cross Roads House	600 Lafayette Rd RM 120	Portsmouth	03801	Rockingham	NH
Families First Health & Support Center	8 Greenleaf Woods Dr	Portsmouth	03801	Rockingham	NH
Goodwin Community Health	311 Route 108	Somersworth	03878	Strafford	NH
Goodwin Community Health Mobile Van 1	575 Portsmouth Ave	Greenland	03840	Rockingham	NH
Goodwin Community Health Mobile Van 2	575 Portsmouth Ave	Greenland	03840	Rockingham	NH
Goodwin Community Health/St. Vincent de Paul	53 Lincoln St	Exeter	03833	Rockingham	NH
Healthy Together	10 Tsienneto Rd	Derry	03038	Rockingham	NH
Lamprey Health Care	207 S Main St	Newmarket	03857	Rockingham	NH
Lamprey Health Care - Administration II	205 S Main St	Newmarket	03857	Rockingham	NH
Lamprey Health Care Mobile Health Unit	128 Route 27	Raymond	03077	Rockingham	NH
Lamprey Health Care - Raymond Center	128 Route 27	Raymond	03077	Rockingham	NH
Nasson Health Care - Biddeford	357 Elm St	Biddeford	04005	York	ME
Nasson Health Care - Springvale	15 Oak St	Springvale	04083	York	ME
Rockingham County Nursing Home	117 North Rd	Brentwood	03833	Rockingham	NH
Sacopee Valley Health Center	202 Maple St UNIT E	Cornish	04020	York	ME
Somersworth High School	11 Memorial Dr	Somersworth	03878	Strafford	NH
White Mountain Community Health Center	298 White Mountain Hwy	Conway	03818	Carroll	NH
York County Community Action Corporation	6 Spruce St	Sanford	04073	York	ME

Source: The Health Resources and Services Administration, 2025.

Description

Exhibit 30 presents FQHCs operating in Carroll, Rockingham, Strafford, and York counties. Included are FQHCs operating in areas beyond the immediate WDH community.

Observations

Data in ***Exhibit 30*** indicate that there are eighteen FQHC sites in Carroll, Rockingham, Strafford, and York counties. Included are two mobile vans.

Hospitals

Exhibit 31: Hospitals

Facility Name	Address	City/Town	State	Zip Code	County/Parish
Exeter Hospital Inc	5 Alumni Drive	Exeter	NH	03833	Rockingham
Frisbie Memorial Hospital	11 Whitehall Road	Rochester	NH	03867	Strafford
Hampstead Hospital	218 East Road	Hampstead	NH	03841	Rockingham
Huggins Hospital	240 South Main Street	Wolfeboro	NH	03894	Carroll
Memorial Hospital	3073 White Mountain Hwy	North Conway	NH	03860	Carroll
Parkland Medical Center	1 Parkland Drive	Derry	NH	03038	Rockingham
Portsmouth Regional Hospital	333 Borthwick Ave	Portsmouth	NH	03801	Rockingham
Southern Maine Health Care	1 Medical Center Drive	Biddeford	ME	04005	York
Wentworth-Douglass Hospital	789 Central Ave	Dover	NH	03820	Strafford
York Hospital	15 Hospital Drive	York	ME	03909	York

Source: Centers for Medicare & Medicaid Services, 2025.

Description

Exhibit 31 presents hospitals operating in Carroll, Rockingham, Strafford, and York counties. Included are community and specialty hospitals operating in areas beyond the immediate WDH community.

Observations

Data in ***Exhibit 31*** indicate that there are ten hospitals in Carroll, Rockingham, Strafford, and York counties, including WDH.

Other Resources

211 NH is a no-cost, comprehensive, information and referral service that provides community members with information about health and services available across New Hampshire. 211 NH is provided by a coalition of non-profit, government, corporate and volunteer partners. To receive informational and referral services, New Hampshire residents need only dial 211 to be connected with trained Information and Referral Specialists. Information about resources is also available at https://211nh.org/.

Categories of information and referral services are as follows:

- **Basic Needs** – Food, homeless services, housing and utilities, material goods, thrift stores and donations, temporary financial aid, and transportation;
- **Consumer Services –** Consumer assistance & protection and consumer regulation;
- **Criminal Justice and Legal Services** – Courts, criminal correctional system, judicial services, law enforcement agencies, law enforcement services, legal assistance modalities, legal education/information, legal services, tax organizations and services;
- **Education** – Educational institutions/schools, educational programs, and educational support services;
- **Environmental Quality** – Domestic animal services, environmental protection & improvement, municipal services/public works, public health, and public safety;
- **Health Care, Mental Health, & Substance Abuse Services** – Health care & mental health care facilities, health care services, mental health care services, substance abuse services, and support groups, wellness programs, & health education;
- **Income Security** – Employment, public assistance programs, and social insurance programs;
- **Individual and Family Life** – Death certification/burial arrangements, family surrogate/alternative living services, individual and family support services, leisure activities, social development and enrichment, spiritual enrichment, and volunteer opportunities;
- **Organizational/Community/International Services** – Administrative entities, arts & culture, community economic development, community groups & services, community services, disaster and emergency services, information services, occupational/professional associations, organizational development & management services, and military; and
- **Target Populations** – Veterans & military personnel, homeless people, and volunteers.

211 Maine is a no-cost information and referral service that provides community members with details about health, social economic, and human services available to residents of the state. 211 Maine is a collaborative effort of the United Ways of Maine, the State of Maine Department of Health and Human Services, and The Opportunity Alliance. To receive informational and referral services, Maine residents need only dial 211 to connect with a Specialist. Information about resources is also available at https://211maine.org/.

Categories of information and referral services are as follows:

- Aging & Disability;
- Basic Needs;
- Child Development;
- Crisis;
- Education;
- Family;
- Food;
- Health;
- Housing;
- Jobs & Employment;
- Mental Health;
- Substance Use & Addiction; and
- Transitions.

Findings of Other Assessments

This section summarizes community health priorities identified by state and county health departments in State Health Improvement Plans and other community health assessments.

New Hampshire State Health Improvement Plan, 2023-2028

The State Health Improvement Plan ("SHIP") for 2023-2028 prepared by The NH Department of Health and Human Services ("DHHS") lists four domains and strategies, as summarized below.

1. Access to Opportunity - Enhance infrastructure that create conditions for all people to take advantage of opportunities, based on the following strategies:
    a. Remove barriers limiting access to safe, affordable, disaster-resilient shelter,
    b. Expand infrastructure and programs that promote financial independence and self-sufficiency, and
    c. Expand opportunities to affordably gain advanced skills;
2. Community - Nurturing environments enhance health and wellness across the lifespan, based on the following strategies:
    a. Reduce exposure to environmental contaminants,
    b. Reduce geographic barriers that limit individuals' ability to access their preferred resources,
    c. Expand resources to bolster caregivers' capacity to support their children's social and emotional development,
    d. Expand programming to offer lifelong learning and enrichment, and
    e. Reduce barriers that limit access to State Parks and other natural resources;
3. Health Status & Outcomes - Culturally-appropriate and trauma-informed care, supports, and services are equitably accessible across the state, based on the following strategies:
    a. Expand access to comprehensive, affordable insurance coverage (health, dental, vision, behavioral, etc.),
    b. Increase the affordability of healthcare services,
    c. Increase accessibility to a continuum of behavioral health services, from screening to wraparound recovery supports.
    d. Expand closed-loop systems that reduce administrative redundancies,
    e. Expand access to quality prenatal, labor and delivery, and postpartum care,
    f. Conduct universal, age-appropriate screenings to identify early interventions (e.g., developmental, trauma, behavioral, cancer, cognitive, etc.), and
    g. Ensure a well-trained workforce prepared to meet the cross-cultural needs of communities;
4. Social Connectedness - People feel a sense of belonging in their community and are empowered to thrive, based on the following strategies:
    a. Ensure decision-making is representative of all dimensions of diversity within a community,
    b. Ensure community spaces and resources are accessible to all people,
    c. Expand resources that empower people to age healthfully and safely in their community of choice, and
    d. Leverage connections between community members to strengthen resilience.

Maine State Health Improvement Plan, 2024-2029

The State Health Improvement Plan ("SHIP") provides guidance for improving the health of the state's population to the Maine Center for Disease Control and Prevention ("Maine CDC") and other state agencies. The Maine SHIP includes four statewide public health priorities, as well as goals and strategies, summarized below.

1 Mental Health – Goal: Inclusive and equitable culture of mental health, resiliency, and well-being for all, based on the following strategies:
   - 1.1 Increase mental health literacy among youth and adults,
   - 1.2 Decrease stigma around mental health,
   - 1.3 Improve access to mental health services,
   - 1.4 Increase awareness of informal or non-traditional community supports for mental health and provide skill development for those supports,
   - 1.5 Decrease the percentage of students who report an ACEs score of 4 or more, and
   - 1.6 Increase coordination and collaboration across formal systems of care;

2 Healthy and Stable Housing - Goal: Housing that equitably meets the diverse needs of all, based on the following strategies:
   - 2.1 Decrease the number of people experiencing homelessness,
   - 2.2 Increase the services available that support stable housing,
   - 2.3 Improve the quality, safety, and ADA accessibility of existing housing stock,
   - 2.4 Increase the number of collaborations among health, employers (public and private), and state and local housing organizations and agencies, and
   - 2.5 Increase the supply of affordable housing in Maine;

3 Access to Care - Goal: Maine is a place where all people have equitable access to care that promotes health and well-being, based on the following strategies:
   - 3.1 Improve the experience of care for those who have been oppressed,
   - 3.2 Increase opportunities for system integration conversations among healthcare providers and systems, public health, and community-based organizations,
   - 3.3 Increase the effectiveness of recruitment and retention efforts to have the necessary number and diversity of providers in underserved areas,
   - 3.4 Decrease the percentage of people for whom cost is a barrier to healthcare access,
   - 3.5 Increase the collection and utilization of shared, inclusive, and actionable data for use by communities, health systems, and state agencies,
   - 3.6 Build upon existing collaborative efforts to advance transportation and telehealth solutions; and

4 Substance Use - Goal: All people living in Maine thrive in a healing, supportive environment that equitably addresses substance use, from prevention to recovery, and its impacts on individuals, families, and communities.
   - 4.1 Enhance prevention efforts to decrease people misusing substances,
   - 4.2 Increase the availability and use of community-based supports along the substance use continuum of care for anyone impacted by substance use,
   - 4.3 Increase the availability and use of intervention, harm reduction, treatment, and recovery services, and
   - 4.4 Reduce stigma and bias associated with substance use.

Seacoast Public Health Network Community Health Improvement Plan, 2025-2030

A regional Community Health Improvement Plan ("CHIP") was produced by the Seacoast Public Health Network Community. The CHIP was developed with input from community organizations. Of the top health priority health areas identified, the four categories below were identified as priority areas.

1 Behavioral Health
    1.1 Substance Misuse: Prevention, Treatment and Recovery
    1.2 Access to Mental Health Supports
    1.3 Suicide Prevention
2 Public Health Emergency Preparedness
    2.1 Public Health Emergency Preparedness (PHEP) Information Exchange
    2.2 Community & Family Preparedness
3 Environmental Health
    3.1 Climate Impact: Coastal Resilience & Extreme Heat
4 Healthy Living & Wellness
    4.1 Health Promotion & Disease Prevention: Food Insecurity
    4.2 Health Promotion & Disease Prevention: Falls Prevention

Strafford County Public Health Network Community Health Improvement Plan, 2023-2026

A Community Health Improvement Plan ("CHIP") was produced by the Strafford County Public Health Network Community. Six priority areas were identified in the CHIP, as follows:

1. Substance misuse: prevention treatment, recovery and harm reduction
2. Mental health: prevention treatment, recovery and harm reduction
3. Healthy living
    a. Food security
    b. Chronic disease prevention
    c. Access to preventative health screenings
4. Public Health Emergency Preparedness
5. Health Care Access and Awareness
    a. Oral health
    b. Prenatal services
    c. Sexual Health and sexually transmitted infection (STI) prevention
6. Injury Prevention
    a. Childhood lead poisoning
    b. Violent crime, specific to domestic and dating violence
    c. Suicide prevention

York County Maine Shared Community Health Needs Assessment, 2025

The 2025 York County Maine Shared Community Health Needs Assessment ("Shared CHNA") was developed in collaboration between the Maine Center for Disease Control and Prevention ("Maine CDC"), and four health-care systems in the state. Four health issues were identified as top concerns by York County forum participants as follows:

1. Community Conditions
    a. Housing,
    b. Poverty, and
    c. Provider availability;
2. Community Conditions Protective & Risk Factors
    a. Adverse / positive childhood experiences,
    b. Physical activity, and
    c. Nutrition; and
3. Health Conditions & Outcomes
    a. Mental health,
    b. Substance use related injury & death, and
    c. Cardiovascular disease.

PRIMARY DATA ASSESSMENT

Primary data were gathered by conducting (1) interviews with interested parties in the community, and (2) a community health assessment survey. Details are below.

Key Informant Interviews

Key informant interviews were conducted in virtual sessions by Verité Healthcare Consulting in May and June, 2025. The interviews were designed to obtain input on health needs from persons who represent the broad interests of the communities served by Wentworth-Douglass Hospital.

Thirty-three interview sessions were held with 40 individuals representing twenty-eight internal and external organizations. Interviewees included individuals with special knowledge of or expertise in public health, a local public health representative with information and expertise relevant to the health needs of the community; and individuals and organizations serving or representing medically underserved, low-income, and minority populations. Organizations with representatives participating in interview sessions are listed below.

- Alliance for Community Transportation (ACT) and COAST
- City of Dover Police Department
- City of Dover Public Library
- City of Dover Public Welfare
- Community Action Partnership of Strafford County (CAPSC)
- Cornerstone VNA
- Dover Mental Health Alliance
- Dover School District
- Dover Teen Center
- Dover Youth 2 Youth
- Gather NH
- Kingdom Hall of Jehovah's Witnesses in Dover, NH
- Mainspring Collective
- McGregor Memorial EMS
- MGB Medical Group (North Region) / Wentworth Health Partners
- My Friend's Place
- Reach for the Top
- SOS Recovery Community Organization
- Southern Maine Agency on Aging
- State of Maine, Division of Public Health Systems
- Stewart’s Ambulance Service
- Strafford County Drug Treatment Court
- Strafford County Public Health Network / PHAC
- Strafford County Regional Planning Commission
- The Doorway
- The Works Health and Fitness Center

- University of New Hampshire (UNH) Institute on Disability
- Wentworth-Douglass Hospital

Issues below were identified by interested parties as those of greatest concern to community health in the Wentworth-Douglass Hospital community.

1. Basic needs insecurity continues to increase, related notably to nutritious food, affordable housing, and reliable transportation.
2. Community-based organizations are struggling to maintain services that support community residents in need.
3. Diminished community supports, current financial challenges, and uncertainty about future economic conditions exacerbate stressors from everyday activities, increasing mental health issues and associated substance use disorders.
4. Access to the continuum of primary and specialty health care services, including obstetrics, behavioral health, and dental care, is challenging for all community members. Access to health services may be especially challenging for uninsured individuals and Medicaid enrollees, residents in northern parts of the community, children, and older adults.
5. Navigating and accessing the ever-changing healthcare landscape is a constant struggle.
6. Health care providers are struggling to meet the need for services due to staffing shortages, hiring challenges, and changes within healthcare facilities.
7. Prevalence and severity of chronic disease have worsened due to delayed care and unhealthy behaviors.
8. Changes in the larger environment, including health services provided in the immediate community and federal/state public programs, are destabilizing the community's fragile healthcare system.

Specific population groups that were identified as especially vulnerable to the significant needs identified for this CHNA are as follows:

1. Children & Youth;
2. Homeless Residents;
3. Pregnant Women & Infants;
4. Older Adults & Caregivers; and
5. People with Disabilities.

Details are discussed below.

1. **Basic needs insecurity continues to increase, related notably to nutritious food, affordable housing, and reliable transportation.**

Nearly all interviewees mentioned increasing basic needs insecurities among community members. Numerous basic needs may compete for limited household income, including housing, food, transportation, and medicine.

Lack of access to safe and affordable housing was identified by nearly every interview participant as an issue impacting residents, irrespective of income levels, due to limited housing stock from years of underdevelopment, migration of new neighbors from other areas, and quality issues associated with older housing stock, such as lead paint. Housing costs were reported to have exceeded income growth.

Lack of reliable transportation, both personal transportation and accessible public transportation, was noted as an issue that negatively impacts access to both employment and healthy resources, such as grocery stores, pharmacies, and health care providers, as well as social engagement, such as civic activities. Interviewees indicated that limited transportation alternatives disproportionately impact older adults, individuals with disabilities, rural residents, and community members with low incomes.

Food insecurity, especially access to nutritious and affordable food, was cited by many interview participants as a significant and increasing issue within the community. Interviewees noted that as some residents may be unable to afford all basic needs, lower cost and less nutritious options will be substituted for nutritious food. An influx of community members seeking assistance at food pantries was reported.

Several other factors were identified as contributing to basic needs. These needs include the high cost of childcare, reduced support from family members due to geographic migration, stagnant wages, and regulations that restrict support to households that have income above a threshold, despite need.

Interviewees indicated that basic need insecurities are disproportionately impacting young families and older adults, as well as asset limited, income constrained, and employed (ALICE) households. Basic needs insecurities were identified as especially impacting homeless individuals who may be exposed to heat and cold, unable to prepare meals, and be vulnerable to interruptions in prescription drug supplies when a physical address is needed for delivery.

Additionally, it was noted that a medical incident can be a precipitating event for financial crises of some vulnerable residents. However, it was also noted that individuals may be reluctant to seek and/or accept assistance, including financial assistance for medical services, due to stigma.

2. **Community-based organizations are struggling to maintain services that support community residents in need.**

Interviewees consistently indicated that community-based organizations are struggling to meet demand for support by residents and maintain financial solvency due to state and federal spending reductions, as well as reductions in philanthropy available from community members due to personal financial constraints. Such organizational struggles are anticipated to continue, including closures of some programs and heightened stress on those programs that remain open. Challenges are expected across the range of organizations that support the community, including childcare providers, schools, and social service providers.

In addition to economic challenges, local organizations are reportedly experiencing workforce issues related to staff turnover, increased wage pressures from employees, and regulatory requirements. Efforts to recruit staff members from outside of the community are difficult due to low starting salaries for many positions and limited housing options.

Interviewees noted that gaps exist between service expectations and actual service delivery, such as lack of understanding that assistance can have time and coverage limits. As a result of these constraints, some individuals in need of support become disillusioned and forego efforts to get assistance.

Further, participants indicated that silos across organizations can reduce effectiveness in connecting residents with services, and that academic programs present students with an unrealistic view of professional processes.

3. **Diminished community supports, current financial challenges, and uncertainty about future economic conditions exacerbate stressors from everyday activities, increasing mental health issues and associated substance use disorders.**

Unmet mental health needs were cited by all participants due to stressors from daily challenges, continued anxiety from the COVID-19 pandemic, and loneliness from isolation. While all members of the community were considered at-risk for mental health challenges, participants identified older adults, caregivers, teenagers, and parents as particularly susceptible.

Interviewees indicated that increased awareness of mental health conditions and decreased stigma have led more individuals to seek care. While increased demand for mental health services was recognized as a positive change in the community, it was also noted that the supply of providers has not experienced a corresponding increase. Gaps between supply and demand, which can lead to delays in care, were most significant for pediatric and geriatric providers, specialty clinicians for severe and persistent mental illness (SPMI), and professionals with expertise with co-occurring mental health conditions and substance use disorder.

For many individuals in need of mental health and/or substance use disorder treatment, delays in care can increase both severity and the likelihood that any care will be foregone by the individual in need. However, waiting lists of up to eighteen months were identified as routine.

Participants identified environmental factors as contributors. For unmet mental health issues, lack of political commitment, regulatory burdens, and poor reimbursements to providers were cited as barriers to care. For substance use disorders, legal differences between states in the region and societal acceptance of substance use, including alcohol and vaping, were cited as contributors.

Other factors cited by interviewees include the links between mental health and substance use disorder among incarcerated individuals, the interaction between despair and substance use, and the lack of transitional housing options. Also identified were overdoses associated with increased and varying potency of street drugs, utilization of ineffective treatment policies, and interactions with physical health, including dental health and trauma from accidents.

4. **Access to the continuum of primary and specialty health care services, including obstetrics, behavioral health, and dental care, is challenging for all community members. Access to health services may be especially challenging for uninsured individuals and Medicaid enrollees, residents in northern parts of the community, children, and older adults.**

Interviewees indicated that access to healthcare services was limited across the continuum of care, from maternal and infant health care to nursing home options. Access to care was reported to be challenging for all residents, irrespective of health insurance status or other factors.

Access to primary care was identified as particularly challenging, referenced with wait lists of a year for new patients to see a provider. While this unmet demand was an issue for all residents, access was particularly a struggle for Medicaid enrollees and residents of more rural areas of the community. Cited impacts related to insufficient primary care access were utilization of urgent care and emergency departments, interruptions in provider-patient relationships, and delays in school-required physical examinations. Outcomes identified include diminished medication management and increased severity of conditions.

Access to services related to other types of care was also identified as challenging. Participants cited delays in care related to maternal and infant health, dental health, and specialty care, including neurology, cardiology, endocrinology, gastroenterology, and pediatric orthopedics.

Participants indicated that access to health care issues negatively impacted providers, as well as residents. Issues cited include more resources needed for many encounters due to delays in disease management and quality metric penalties from lags in referrals. Additionally, clinicians, allied health members, and other members of care teams were reported to encounter more stress, less job satisfaction, increased time demands, and decreased likelihood of remaining in the medical workforce.

5. **Navigating and accessing the ever-changing healthcare landscape is a constant struggle.**

Many interviewees indicated that the complexity of the healthcare system has traditionally hindered access to care due to navigation struggles, but that navigation has become more difficult due to continual changes and misinformation distributed on social media platforms. Community members especially likely to need navigation assistance were identified as older adults, caregivers, and Medicaid enrollees. Increased case management, especially for individuals with complex conditions and gaps related to social determinant factors, was cited as a need to improve outcomes.

Participants recognized the contributions of social workers at the Dover Police Department and recommended an increase in availability of social worker services throughout the community, such as at libraries. In addition to assistance with care coordination, social workers' expertise was considered to be a complement to health and social marketing activities.

Interviewees noted that assistance was needed by some residents to complete intake forms and applications. It was also noted that some individuals process information differently than others and that information provided by health and social service providers may be written too technically to be easily understandable.

Other factors cited included added complexity of healthcare systems in a multistate environment and regulatory limitations, such as Release of Information requirements that impeded care coordination across providers. Some participants indicated that lack of coordination increases utilization of the emergency department and severity of conditions due to foregone care.

6. **Health care providers are struggling to meet the need for services due to staffing shortages, hiring challenges, and changes within healthcare facilities.**

Interview participants acknowledged that providers within the community are also struggling. Workforce issues were identified as particularly challenging due to high turnover rates and shortage of clinicians, allied health members, and other members of care teams. These workforce challenges were reported to exist across the continuum of healthcare providers, as illustrated by nursing home shortages and closures, as well as reduced access to pharmacists and dental clinicians.

Interviewees noted that individuals working in healthcare can be expected to address high volumes of care, experience long working hours, high levels of stress, and vicarious trauma. Members of healthcare teams also can be targets of anger and frustration for matters outside of their control, such as the disease state of patients and coverage decisions of insurance companies. Additionally, it was noted that health outcomes could be improved with enhanced collaboration between providers, but regulatory limits can constrain such interactions.

Interviewees noted considerable time lags are required to recruit clinicians. Contributors to these time lags include an undersupply of academic and training programs, as well as regulatory

requirements for clinicians to be licensed by states and credentialing requirements of insurance entities.

7. **Prevalence and severity of chronic disease have worsened due to delayed care and unhealthy behaviors.**

Interview participants noted that chronic disease prevalence has increased due to lack of access to primary care and associated delays in services. Specific diseases identified include cancer, diabetes, and heart disease.

Interview participants also indicated that disease severity has increased due to delays in access to primary and specialty care. In addition to limited access to primary care, other cited health services with delayed access include endocrinology, gastroenterology, and neurology. Participants noted that delays in one service can contribute to overall delays in care. Delays were also noted for culturally sensitive care, including access to services that align with an individual's faith. Additionally, personal behaviors were identified as contributing factors, including avoidance of health screenings and preventive services.

Participants further indicated that individual behaviors contribute to chronic disease, including substance use and physical inactivity. Nutritional choices and resulting obesity were also cited as contributing factors to disease, notably diabetes and heart disease. Interviewees also noted that contributors to nutritional choices include food insecurity, lack of knowledge of how and time to cook, and cost of healthy foods.

Additionally, interviewees indicated that the environment can constrain physical activity, such as lack of pedestrian-safe infrastructure. Transportation was also cited as a factor limiting access to food markets and options for physical activity.

8. **Changes in the larger environment, including health services provided in the immediate community and federal/state public programs, are destabilizing the community's fragile healthcare system.**

Interview participants indicated that provider changes in the community significantly and negatively impacted residents' abilities to access care in an already fragile community healthcare system. Specific provider changes identified include closures of primary care physician practices in the northern areas of the community, as well as reduced maternal and infant health services at some local hospitals. Demands on service providers within the community were expected to increase due to external factors, such as the regional reduction in maternal and infant services.

Reduced Medicaid eligibility and lower Medicare payments were cited as factors that are expected to decrease access to care and have long-term impacts on health outcomes from delayed services, while increasing demands on emergency departments. Similarly, the role of insurance requirements and restrictions as drivers of healthcare services were noted and illustrated with limitations associated with high-deductible health plans.

Other issues identified by participants were increases in prescription drug costs and vector-borne diseases. It was projected that changes in vaccine policies will decrease access to preventive options and increase chronic disease burdens.

For WDH specifically, interviewees noted that residents of northern and eastern parts of the community are increasingly choosing the hospital's emergency room over geographically closer options. Such utilization was projected to increase further as WDH works toward a higher trauma certification for its emergency room. It was suggested that emergency department demands could be eased with innovative collaboration with pre-hospital providers.

Populations of Concern

Many significant needs cited by interview participants were identified as impacting all segments of the community. Across the interviews, specific population groups that were identified as especially vulnerable to the significant needs identified for this CHNA are Children & Youth, Homeless Residents, Pregnant Women & Infants, Older Adults & Caregivers, and People with Disabilities. These population groups as discussed below.

Children & Youth. Children and youth are dependent on adults for access to health care and other services. Interview participants indicated that parents increasingly are unable to provide care, with these responsibilities shifted to grandparents and others. Mental health issues associated with resulting Adverse Childhood Experiences (ACEs) are evident, yet pediatric behavioral health services are difficult access, especially for children enrolled in Medicaid. Additionally, it was noted that physical health may be diminished when parents do not know how or are unable to provide a healthy environment.

Homeless Residents. Interview participants indicated that the number of homeless residents is increasing, including homeless families and older adults. Identified factors contributing to the increase were an undersupply of safe and affordable housing, increased demand for available housing stock, and twin issues of mental health issues and substance use disorders. It was noted that homeless residents are at increased risk for injuries from weather exposure and accidents, poor disease management from gaps in medication compliance due to shelter instability, and lack of ability to receive services that require a fixed address. Participants also indicated that homelessness can be a symptom of other factors, including criminal justice issues. Additionally, it was noted that much homelessness is hidden, as homeless individuals shift encampments further into wooded areas.

Pregnant Women & Infants. Interview participants indicated that closures of labor and delivery units of hospitals within the community and across the region have significantly reduced access to services by pregnant women and infants. Reduced access was noted to coincide with increased high-risk pregnancies, due to factors related to maternal age, comorbid conditions, and substance use disorders. At WDH specifically, participants indicated that increased demand is evidenced by high utilization of its neonatal intensive care unit (NICU). It was also noted that substance use disorder has increased newborns with Neonatal Abstinence Syndrome (NAS).

Older Adults & Caregivers. Interview participants reported that New Hampshire and Maine are among the states with the highest rates of aging residents along with a limited migration of younger residents, and that the needs of the aging community will increase. Identified needs include supportive housing, assistance with and alternatives to digital technology, and navigation assistance. It was noted that the expectations of caregivers are high, yet caregiver needs are prone to be overlooked. Participants indicated that older adults age differently and the needs of each individual vary. Additionally, interviewees indicated that some older adults are experiencing financial difficulties, as evidenced by poor conditions of housing and increased homelessness.

People with Disabilities. Interview participants indicated that people with disabilities encounter issues when accessing health care and support services. For individuals with disabilities, physical limitations and environmental barriers can add to difficulties in accessing the continuum of services across the community. Additionally, some individuals may need assistance with health and financial literacy that providers may be ill-equipped to deliver. It was noted that disabilities may be more prevalent in older adults.

Community Health Assessment Survey by the University of New Hampshire

The University of New Hampshire Survey Center conducted a community health assessment on behalf of Wentworth-Douglass Hospital in June 2025. The assessment was conducted to better understand how to help people in the local community improve their health. The web-based survey was offered to panels of New Hampshire and Maine residents and was completed by 321 respondents from within the WDH community. More than half of the respondents were older adults, with specific response rates by age cohort below.

- Aged 18 to 24 – 1 percent
- Aged 25 to 34 – 4 percent
- Aged 35 to 44 – 6 percent
- Aged 45 to 54 – 12 percent
- Aged 55 to 64 – 24 percent
- Aged 65 to 79 – 47 percent
- Aged 80 or older – 6 percent

Residents responded to questions about health-related services in their community. Selected survey topics, questions and response totals are highlighted below.

Question: Please use the scale to show how hard or easy it is for you to get different types of health care - Primary Care (e.g., a regular doctor for adults or children)

- Very hard – 11 percent
- Somewhat hard – 30 percent
- Not hard at all – 58 percent
- I don't need this care – 2 percent

Question: Please use the scale to show how hard or easy it is for you to get different types of health care - Urgent Care or Emergency Room Care

- Very hard – 4 percent
- Somewhat hard – 15 percent
- Not hard at all – 72 percent
- I don't need this care – 9 percent

Question: Please use the scale to show how hard or easy it is for you to get different types of health care - Specialty health care (e.g., skin doctors, heart doctors, bone doctors)

- Very hard – 7 percent
- Somewhat hard – 38 percent
- Not hard at all – 47 percent
- I don't need this care – 8 percent

Question: Please use the scale to show how hard or easy it is for you to get different types of health care - Pregnancy and Birth Care (before-birth care, labor & delivery, after-birth care)

- Very hard – 1 percent
- Somewhat hard – 3 percent
- Not hard at all – 5 percent
- I don't need this care – 91 percent

Question: Please use the scale to show how hard or easy it is for you to get different types of health care - Mental Health Care (e.g., therapy or counseling)

- Very hard – 15 percent
- Somewhat hard – 17 percent
- Not hard at all – 13 percent
- I don't need this care – 55 percent

Question: Please use the scale to show how hard or easy it is for you to get different types of health care - Substance Use Services (help with alcohol or drugs)

- Very hard – 2 percent
- Somewhat hard – 3 percent
- Not hard at all – 4 percent
- I don't need this care – 91 percent

Question: What would make it easier for you and your family to get the health care you need? Please choose up to four options

- Access to health insurance – 6 percent
- Childcare or care for older family members during appointments – 1 percent
- Evening or weekend appointments – 23 percent
- Getting services at the same location – 25 percent
- Help accessing the online patient portal – 6 percent
- Help applying for insurance/ coverage – 7 percent
- Help coordinating care – 24 percent
- Help understanding health information – 10 percent
- Knowing the cost of services – 36 percent
- Lower out of pocket costs for services – 46 percent
- More available appointments and shorter wait times – 61 percent
- Providers or interpreters who speak my language and understand my culture – 0 percent
- Providers who make me feel safe and respected – 25 percent
- Rides to and from appointments – 5 percent
- Services closer to where I live – 15 percent
- Virtual/Telehealth appointments – 14 percent
- Other – 9 percent

Impact of Actions Taken Since the Previous CHNA

Mass General Brigham
Wentworth-Douglass Hospital

2022 Community Health Needs Assessment (CHNA) Implementation Plan Progress

Implementation of the 2022 Community Health Needs Assessment began in FY 2023 and will continue through the end of FY 2025.

Metric Performance

Metric	FY 2022 (Baseline)	FY 2023	FY 2024	FY 2025 (Q1 – Q2)
Primary Care and Internal Medicine Visits	124,423	129,930	126,838	99,574
Prompt Care Visits	4,544	5,707	6,817	3,889
Palliative Care Consults	818	760	964	615
Palliative Care Follow-ups	3,602	3,207	3,936	2,272
Patient and Family Learning Center Health Coaching Visits	1,381	1,787	1,476	911
Hospital Patient Visits with Financial Assistance	7,528	7,190	8,651	3,937
Wentworth Health Partners Visits with Financial Assistance	6,583	6,077	8,365	3,988
Integrated Behavioral Health Patient Visits	7,456	8,613	7,100	4,122
Great Bay Mental Health Patient Visits	14,501	14,818	14,982	7,639
The Doorway Operated by WDH Visits	1,689	2,054	1,731	2,210
Substance Use Resource Team (SURT) Trained Staff**	60	21	19	N/A
Referrals to The Works Wellness Program	850	985	1,219	1,249
Patients Enrolled in Medical Weight Loss Programs	217	265	334	306
Bariatric Surgeries	307	382	339	137
Dental Center Patient Visits	1,233	1,330	1,718	935
Total Dental Center Services Performed	2,467	3,628	4,768	3,109
Care Van Miles Traveled	145,094	147,328	202,122	117,632
Care Van Patient Trips	19,926	11,962	25,285	13,557

Community Benefit Grant Funding & Donations

Additional detail regarding community benefit grants provided to local non-profits is included below in the 'Summary of Activities, Milestones, and Current Status section.

Non-profit Organization	FY 2023	FY 2024	FY 2025 (Q1-Q2)	Total (FY 23 – FYTD 25)
Alliance for Community Transportation	$10,000	$10,000	$10,000	**$30,000**
American Diabetes Association (Camp Carefree)	$10,000	$10,000		**$20,000**
Dover Fire and Rescue	$62,000			**$62,000**
Dover Police (Dover Youth to Youth, Social Work)		$150,000	$200,000	**$350,000**
Gather (Fresh Food Bus)		$30,000	$30,000	**$60,000**
Hope on Haven Hill			$25,000	**$25,000**
Hospice Help Foundation		$10,000		**$10,000**
Lydia's House of Hope		$10,000		**$10,000**
Reach for the Top		$30,000		**$30,000**
SOS Recovery Community Organization	$40,000			**$40,000**
Strafford County Public Health Network	$5,100			**$5,100**
Thanks4Giving Charity	$1,000			**$1,000**
Triangle Club	$10,000			**$10,000**
Waypoint	$25,000	$25,000		**$50,000**
Total	**$163,100**	**$275,000**	**$265,000**	**$703,100**

Community Events & Partnerships

- Educational webinars & support groups
- GATHER Food Drive & Fresh Food Bus
- Green to Go events with NH Healthy Families
- Health fairs and community events (Apple Harvest Day, Market Square Day, Pride)
- Ongoing car seat safety training & Dover Children's Day
- Advance Directives events (Dover Library)
- EMT Training at Dover Regional Career Technical Center
- Stop the Bleed trainings
- R.A.D. Self-Defense class at the Works with the Rochester Police Department

Wentworth-Douglass Simulation Center & Emergency Medical Services (EMS)

Metric	FY 2023	FY 2024	FY 2025 (Q1-Q2)
Simulation Center Learners	606	1,468	604
Hours Donated to EMS and Dover Career Technical Education	547	435	321

In addition to activities tied to specific needs, WDH also continues to support educational offerings and partnerships, including the WDH Simulation Center, which supports staff and EMS training. WDH's Emergency Service Coordinator also teaches EMT courses at the Dover High School Career Technical Education Center. In FY 2023, WDH also provided community benefit grant funding to support paramedic training in response to an urgent community need.

Wentworth-Douglass High School Internship Program

Metric	FY 2023	FY 2024	FY 2025 (Q1-Q2)
High School Health Internship Program	-	20	12
Number of Participating Schools	-	6	8

In 2024, WDH started a new High School Internship program to invest in training for high school students interested in future healthcare careers. 32 students have completed the program since February 2024, representing 8 schools in New Hampshire and southern Maine.

Summary of Activities, Milestones, and Current Status

Significant Health Need	Status	Activities	Milestones	Current Status
Access to Primary Care Services		Increase the capacity in Wentworth-Health Partners primary care practices	• Expand access through new providers or locations • Redesign recruitment process • Implement new staffing strategies	Primary care services continue to expand, providing over 126,838 visits in FY 2024 (a 2% increase over FY 2022). Recruitment is ongoing and new recruitment processes have been implemented in partnership with the MGPO and Community Division. Frisbie Memorial Hospital's purchase by HCA (a for-profit system) resulted in a significant loss of local providers in the Rochester area in 2021. Many of the impacted primary care patients sought care at WDH, leading WDH to open Primary Care of Rochester in late September 2022. This site expanded to include OB/GYN services in early FY 2023. Dover Family Practice also started a new mentorship program for Advanced Practice Providers to support PCP panels and prepare new graduates for permanent panels.
		Reduce barriers to care through increased navigation and innovative solutions to improve access	• Maintain and/or expand service offerings (walk-in, urgent care, telehealth) • Maintain and/or expand patient navigation services • Pilot one or more care redesign programs to increase access • Optimize provider capacity for patients without PCPs	WDH and MGB have continued to maintain urgent care offerings and expand telehealth services. Prompt Care now requires an appointment but is available for same-day care needs at 10 Members Way. A new walk-in orthopedic service opened in August 2024 at the Somersworth location of Seacoast Orthopedics and Sports Medicine. Patient navigation services have been expanded, and staff are available to assist patients in scheduling new patient appointments. In addition, WDH established a new PC Connect Program in December 2024. This program is open to all new patients aged 18+ to bridge care gaps for those who are waiting for their first PCP appointment. These providers can provide medical advice, prescribe medications, write referrals, and ensure patients are seen in person or via telehealth if needed.

Significant Health Need	Status	Activities	Milestones	Current Status
Access to Long Term Services & Supports		Build organizational capacity to increase access to long term services and supports through internal programs and/or partnering with community organizations	• Maintain and/or expand supportive and palliative care services • Maintain and/or expand care management services • Maintain and/or expand home care and Hospital at Home services • Provide educational offerings for patients related to advanced care planning • Offer educational programming for staff to improve understanding of advanced care planning needs and resources	The Supportive and Palliative Care program has continued to experience increased demand. The team provided over 964 consults in FY 2024 and 3,936 follow-ups. The team has expanded services to include virtual visits. WDH and WHP continue to offer and expand access to care management and social work services in alignment with patient needs. WDH continues to operate Wentworth Homecare & Hospice as a joint venture program and is planning to participate in the MGB Hospital at Home program when it expands to NH. In FY 2024, WDH also provided grant funding to the Hospice Help Foundation to support patients struggling with basic needs at the end of life. WDH social workers offered multiple events at the Dover Public Library to support advanced directive completion. WHP also held a resource fair for community members 55+ at Members Way in 2024. Over 100 community members attended this free event and met with community organizations focused on healthcare planning, living will and financial planning services, and long-term care facilities.
		Advocate for policies that support access to long term services and supports	• Education state and regional policy makers about the demand for long term services and supports, such as the need for skilled nursing, long term care, and hospice services	WDH and MGB continue to advocate at the state and local levels to raise awareness of the need for additional long term care support for our region.

Chronic Disease		Implement programs to support the health of patients with chronic disease	• Maintain and/or expand the Patient and Family Learning Center (PFLC) and health coaching • Maintain support groups for patients with chronic disease, such as diabetes • Participate in the Strafford County Public Health Advisory Council and associated activities • Offering educational resources pertaining to chronic disease management • Offer educational events and risk screenings at least once per year (focused on cancer) • Implement targeted risk clinics in the Mass General Cancer Center • Maintain and/or expand access to ambulatory pharmacy services to optimize medication therapy management for patients with chronic disease • Participate in the American Lung Association's Freedom from Smoking program and partner with schools to reduce vaping • Offer educational programming and	WDH has continued to expand health coaching and educational services provided through the Patient and Family Learning Center. Patients may be referred by a provider or self-refer for interested programs. Health coaches see patients in person or virtually, and provide services to support primary care, maternal care, the Center for Weight Management, orthopedics, the Substance Use Resource Team (SURT), and the Surgical Optimization Center. The PFLC health coaches continue to provide the National Diabetes Prevention Program with 2 cohorts per year (10-15 participants per session). Since implementation, over 105 participants have completed this one-year long lifestyle change program. WDH continues to offer various support groups, including multiple groups focused on diabetes. The PFLC also offers space for various support groups, such as AL Anon and MS Support. WDH continues to participate in the Strafford County Public Health Network and the Healthy Living Coalition. In late 2024, WDH started a new Food Bag program in partnership with the NH Food Bank and the Healthy Living Coalition. This program provides shelf stable food items to patients in four pilot practices who self-identify as food insecure. The Mass General Cancer Center opened the High-Risk Breast Screening clinic in 2023 to provide risk evaluation and prevention services. The clinic allows patients to see a surgeon, medical oncologist, radiation oncologist, social work, nutrition, and financial counseling the same day, improving access for patients. WDH continues to offer ambulatory pharmacy services to optimize medication therapy management. The PFLC continues to offer smoking and vaping cessation programs, including Freedom from Smoking. Staff also participated in the Just Ask project with the Mass General Cancer

Significant Health Need	Status	Activities	Milestones	Current Status
			outreach focused on risks of tobacco use and vaping • Maintain and/or expand physical activity programs at The Works to support chronic disease patients	Center to improve assessment of tobacco use and smoking cessation offerings to patients diagnosed with cancer. The Works Family Health and Fitness Center continues to offer chronic disease support programs, such as Cancer Recovery; cardiac rehabilitation; and WorksRX, an 8-week exercise program in which a health coach provides a safe exercise program based on medical history and contraindications.
Financial Barriers to Care		Maintain financial assistance services and reduce barriers to care	• Provide financial assistance to individuals and families receiving services from WDH and WHP • Maintain participation in Medicaid • Provide Marketplace and Medicaid enrollment assistance and education • Develop and implement educational offerings related to general insurance literacy, Medicare enrollment, and financial resource availability • Advocate for reauthorization of NH's Medicaid expansion program	WDH and WHP continue to offer financial assistance and financial counseling services. WDH provided financial assistance to 8,651 patients in FY 2024, and WHP provided assistance to 8,365 patients. WDH and WHP also continue to participate in NH and ME Medicaid products. Medicaid shortfall for WDH and WHP exceeded $34M per year in FY 2023 and FY 2024, representing a substantial proportion of WDH's community benefit. Requests for insurance education and Marketplace assistance have continued to decline, primarily because the Marketplace has become more familiar and fewer people require new education. 11 individuals were assisted in FY 2024 through classes or individual sessions and two educational and Marketplace assistance classes were held. WDH and MGB supported Medicaid Expansion in NH, which was reauthorized in 2023. Medicaid Expansion has helped expand access to healthcare for over 250,000 NH residents since the program began in 2014. Through the New Hampshire Hospital Association and MGB, WDH continues to advocate for support of Medicaid and Medicaid Expansion, despite potential federal funding changes.

Mental Health		Build organizational capacity to increase access to behavioral health services and supports through internal programs and reduce barriers to care	• Maintain and/or expand mental health services through WHP's integrated behavioral health practice and Great Bay Mental Health • Maintain and/or expand SUD treatment services through integrated behavioral health, Great Bay Mental Health, and The Doorway • Increase mental health provider coverage through the addition of one or more providers focused on services for children, youth, and adolescents • Increase mental health provider coverage through the addition of one or more geriatric health providers • Continue to expand programs to meet a more complex patient population with higher acuity behavioral health needs • Maintain and/or expand the Substance Use Resource Team (SURT) training to improve provider and clinicians' ability to care for patients with SUD and reduce stigma	WDH has continued to make significant investments to support mental health and substance use disorder treatment. The integrated behavioral health program has expanded to provide direct onsite support for 7 of our 14 sites, and offsite coverage for the remaining locations. Since the last CHNA, new counselors were hired for both Great Bay Mental Health and the integrated practice. GBMH experienced 14,982 visits in FY 2024, a 3% increase over FY 2022. Great Bay Mental Health continues to offer child psychiatry, and recently filled a position for a child/adolescent therapist and a medication management position. GBMH also offers care for aging patients, but specialized geriatric mental health providers are extremely difficulty to recruit. Since the last CHNA, WDH expanded in-hospital emergency care for behavioral health patients and made significant progress in reducing ED boarding in partnership with the state. The Doorway continues to expand services and supported 1,731 visits in FY 2024. The Doorway Recovery Clinic opened in July 2023 to provide low barrier access to medications for alcohol and opioid use disorders and wrap around services for SUD using a harm reduction approach. The expertise of the nurse practitioner at the Recovery Clinic has been used to support other medical teams at WDH, including primary care, OB/GYN, and hospitalists. WDH also added 0.1 FTE addiction specialist to close gaps and allow more support through an eConsult process so providers who seek assistance with prescribing medications for SUD feel supported in doing so. Over 100 staff have been trained as SURT members since the last CHNA. WDH also participated in Reverse the Cycle (2023-2024), supported by the Foundation for Healthy Communities. This project expanded Peer Recovery through an integrated peer recovery coach model. The first nine months of the program resulted in peer coaches providing over 700 initial patient contacts for service, with an additional 1,357 follow-up visits.

		Support community coalitions and partnerships to advocate for policy, systems, and environmental changes to improve mental health and reduce stigma	• Explore opportunities to improve mental health in children/adolescents via community partnerships, such as collaboration with one or more local schools • Participate in community-based efforts to improve access to mental health and SUD treatment services, such as The Doorway • Fund community grants to support mental health programs • Educate state and federal policy makers about mental health issues and the demand for inpatient and outpatient treatment services • Offer educational programming for staff and providers to improve understanding of mental health needs and available resources • Continue to expand programs and partnerships with meet a more complex patient population with higher acuity behavioral health needs • Continue to participate in the Dover Mental Health Alliance and support the Zero Suicides Initiative	WDH has continued to participate in various community coalitions, including the Dover Mental Health Alliance. WDH has also maintained and expanded The Doorway Operated by Wentworth-Douglass Hospital. In partnership with the Dover Mental Health Alliance and the Strafford County Public Health Network, WDH assisted with suicide prevention training for staff in multiple local school districts. Additionally, WDH provided community grant funding in FY 2022 to assist in the implementation of a Mental Health First Aid training program for all 10th grade students at Dover High School for the school years of 2022-2023 and 2023-2024. WDH has continued to prioritize mental health and SUD as an area for community grant donations. In FY 2024, WDH provided grant funding to Reach for the Top, the only local pediatric rehabilitation provider. Staff reported a need for increased training and professional development, as well as specialized equipment, to support trauma-informed care delivery and address systemic barriers to healthcare access for children with disabilities. WDH was able to provide funding and education to support this specialized need. WDH also provides the majority of funding for the Dover Coalition for Youth, Dover Youth to Youth, and the Dover Police Social Work Unit. These programs support substance use prevention in teens, as well as youth empowerment and leadership development. The social work unit provides intense care management and referrals for individuals with police involvement driven by behavioral health concerns.

		Support community coalitions and partnerships to advocate for policy, systems, and environmental changes to reduce youth and adult substance use, prevent substance use-related deaths, and reduce stigma	• Maintain and/or expand SUD screening, counseling, referral, treatment, and prevention services through WHP's integrated behavioral health practice, Great Bay Mental Health, and The Doorway • Participate in community-based efforts to improve access to mental health and SUD treatment services, such as The Doorway, and address co-occurring disorders • Fund community grants to support community substance abuse prevention and treatment programs • Explore opportunities to expand outpatient SUD treatment and recovery options within the community (such as medication for opioid use disorder and/or mobile care access) • Educate state and federal policy makers, community members and other stakeholders about SUD and the demand for treatment services • Enhance participation in harm reduction education,	WDH has continued to participate in various community coalitions, including the NH Harm Reduction Coalition. WDH has also maintained and expanded The Doorway Operated by Wentworth-Douglass Hospital. As described above, The Doorway continues to expand services, such as the Doorway Recovery Clinic which opened in July 2023 to provide low barrier access to medications for alcohol and opioid use disorders and wrap around services for SUD using a harm reduction approach. In addition to The Doorway, WDH continues to operate as a state of NH-endorsed Sterile Syringe Program to assist with providing harm reduction opportunities for our clients seeking this level of support. WDH continues to work closely with a network of specialists and recovery programs. WDH also offers Narcan training to community groups, such as rotaries, etc. As part of a national shift to reduce stigma associated with SUD, MGB and WDH have refocused efforts to treat SUD via a chronic disease management model. In addition to the grants outlined above, WDH also provided additional grants to groups supporting the SUD community. These grants support increased access to treatment services, access to specialized housing for women and young families with SUD, and various other needs related to mental health, SUD, and co-occurring disorders. Since FY 2023, community grants have been provided to Hope on Haven Hill, Lydia's House of Hope, SOS Recovery Community Organization, Strafford County Public Health Network (community sharps program), and the Triangle Club. As outlined above, the Patient and Family Learning Center continued to offer smoking and vaping cessation programs, including Freedom from Smoking. Staff also participated in the Just Ask project with the Mass General Cancer Center to improve

Significant Health Need	Status	Activities	Milestones	Current Status
			programming, and activities • Offer educational programming for staff and providers to improve understanding of SUD and available resources • Maintain tobacco and vaping cessation counseling services • Participate in the American Lung Association's "Freedom From Smoking" program • Offer educational programming/outreach focused on the risks of tobacco use • Maintain and/or expand tobacco use screening and education in affiliated primary and specialty care offices	assessment of tobacco use and smoking cessation offerings to patients diagnosed with cancer.

Significant Health Need	Status	Activities	Milestones	Current Status
Obesity and Physical Inactivity		Support policy, system, programs, and environmental changes to increase access to affordable healthy foods and physical activity in communities	• Explore opportunities to enhance nutrition, physical activity, and weight management services via community partnerships, such as collaborations with schools • Increase educational offerings related to nutrition and physical activity • Participate in local health fairs to promote healthy behaviors • Maintain and/or expand physical activity programs at The Works • Maintain and/or expand nutritional counseling and dietician services • Maintain and/or expand the Patient & Family Learning Center, including health coaching and diabetes prevention • Participate in the Strafford County Public Health Advisory Council and associated community awareness and prevention activities pertaining to obesity and physical activity	WDH continues to maintain nutritional counseling and dietician services and continues to explore ways to increase educational offerings. As described above, WDH has also continued to expand health coaching and educational services provided through the Patient and Family Learning Center. WDH also continues to participate in the Strafford County Public Health Network and the Healthy Living Coalition. WDH continues to offer nutritional counseling services and fitness and weight-loss programs. The Works Wellness Programs received over 1,200 patient referrals in FY 2024 and 334 patients enrolled in Weight Management. A new wellness lecture services kicked off in FY 2023 and continued into FY 2024, which included lectures shared with businesses, as well as lectures for post-bariatric patients on the importance of lifestyle changes. The Works also offered quarterly cooking demonstrations with dietitians to all members to support nutrition education, and staff participated in the Center for Aging Health Fair.

Significant Health Need	Status	Activities	Milestones	Current Status
		Increase the capacity of the Center for Weight Management and Bariatric Surgery and reduce barriers to care	• Maintain and/or expand weight management and bariatric surgery services • Maintain and/or expand HealthyCare at The Works (a 12 week coaching program) • Increase educational programs and offerings related to obesity	The Works started the My New Weigh program which utilizes a team of dieticians, health coaches, and personal trainers. While there is a fee for the program, most patients are partially covered by insurance. Additionally, the Center for Weight Management and Bariatric Surgery continues to experience high demand. WDH performed 339 bariatric surgeries in FY 2024.
Oral Health		Build organizational capacity to increase access to oral health services through internal programs and/or partnership with community organizations	• Maintain support for the Community Dental Center • Provide educational offerings related to dental health • Increase oral health provider coverage through the addition of one or more dentist(s) and the addition of one or more hygienist(s) • Explore potential opportunities for collaboration with one or more dental school(s) or community programs to increase access locally	The Dental Center has continued to experience high demand but was impacted by staffing changes. A new full-time dentist joined the Dental Center in FY 2023 and a 0.8 full time dental hygienist returned from leave. Providers and staff treated 1,718 patients in FY 2024, providing a total of 4,768 services, a 93% increase following the program's reduction in FY 2020-2022 due to the pandemic and provider changes. Services continue to include preventative oral hygiene services, restorative work, dentures, partials, and crowns. The Certified Public Health Registered Hygienist provides some educational outreach via partnerships when possible. Due to staffing challenges and other barriers, no opportunities for collaboration or expansion have been pursued.

Social Determinants of Health		Direct resources and support policies that promote screening for SDOH and increase access to basic needs, such as food access	• Maintain and/or expand social work services • Participate in a pilot program with the Foundation for Healthy Communities to screen patients for SDOH and ensure referrals to appropriate community partners • Participate in the Strafford County Public Health Advisory Council and associated activities pertaining to SDOH • Fund community grants to support access to basic needs	WDH and WHP continue to offer and expand access to care management and social work services in alignment with patient needs. Since the last CHNA, WDH has expanded screening for SDOH in partnership with MGB and in alignment with efforts from the Foundation for Healthy Communities. Comprehensive SDOH screening rolled out to all inpatient units in 2024, and several outpatient areas, including Women & Children's, participated in screening pilots over the last two years. Additional ambulatory areas will begin screening in FY 2025. WDH is also preparing to participate in the statewide rollout of NH Care Connections (Unite Us), a closed loop referral program. Since the last CHNA, WDH has continued to explore partnership opportunities to expand access to basic needs for patients. In late 2024, WDH became a distribution site for free diapers and wipes through participation in a federal diaper grant program administered by Community Action Partnership of Strafford County. As referenced above, WDH also started a new Food Bag program in partnership with the NH Food Bank and the Healthy Living Coalition. This program provides shelf stable food items to patients in four pilot practices who self-identify as food insecure. Over 100 boxes of food have been distributed to patients in need at OGI, Mass General for Children, and both Doorway locations since the program started in November 2024, and inpatient nutrition will be going live in this spring. WDH has also continued to participate in Green to Go and community resource fair events with NH Healthy Families. The FY 2024 event provided 175 bags of fresh produce and meat free of cost to community members. WDH also established a close relationship with Gather, a local non-profit dedicated to ending hunger. WDH provided two

Significant Health Need	Status	Activities	Milestones	Current Status
				community benefit grants to support the Fresh Food Bus which visits the hospital campus twice per month. WDH has also held frequent food drives for Gather over the last two years, and donated thousands of pounds of food from the cafeteria to improve food security and reduce food waste. WDH also hosted two Mother's Day Markets in partnership with Gather, The Doorway, Community Action Partnership, SNAP, WIC, and other local community resources. The 2024 market served over 150 people and distributed 1,500 pounds of food.
		Direct resources and support policies that promote and increase availability of transportation services	• Provide transportation assistance to qualifying patients through the Care Van service • Explore opportunities to expand transportation services in collaboration with community partners • Fund community grants to support access to transportation	WDH continues to operate the Care Van program to improve transportation access for patients. With the addition of 3 new vans in FY 2024, the Care Van program expanded to include all WDH clinical locations, providing 25,285 patient trips (202,122 miles) in FY 2024. The new vans include a heavier wheelchair lift capacity and additional bariatric seating, making the vehicles more accessible for more patients. Since the last CHNA, WDH has continued to provide grant funding in support of SDOH, including multiple grants to the Alliance for Community Transportation in support of the TripLink and Community Rides programs.

Significant Health Need	Status	Activities	Milestones	Current Status
		Direct resources and support policies that promote community development, increase affordable housing, and address the needs of members of the community without access to stable shelter	• Educate community members and stakeholders about unmet basic needs in the community, including affordable housing • Participate in community-based efforts to improve access to basic needs • Fund community grants to support access to basic needs	WDH staff continue to participate in Public Health Network advocacy efforts, as well as Peer Group activities in support of population health and community benefit programs within the State of New Hampshire. WDH also serves as the New Hampshire Hospital Association's community hospital representative to the State Health Assessment and State Health Improvement Plan Advisory Council, and the associated Access and Opportunity subcommittee, which focuses on housing and food security. WDH has continued to prioritize SDOH as an area for community grant donations, including multiple grants to establish and support Waypoint's drop-in center for housing insecure youth in Rochester.
Substance Use Disorders		Refer to section labeled 'Mental Health'		

Mass General Brigham
Wentworth-Douglass Hospital